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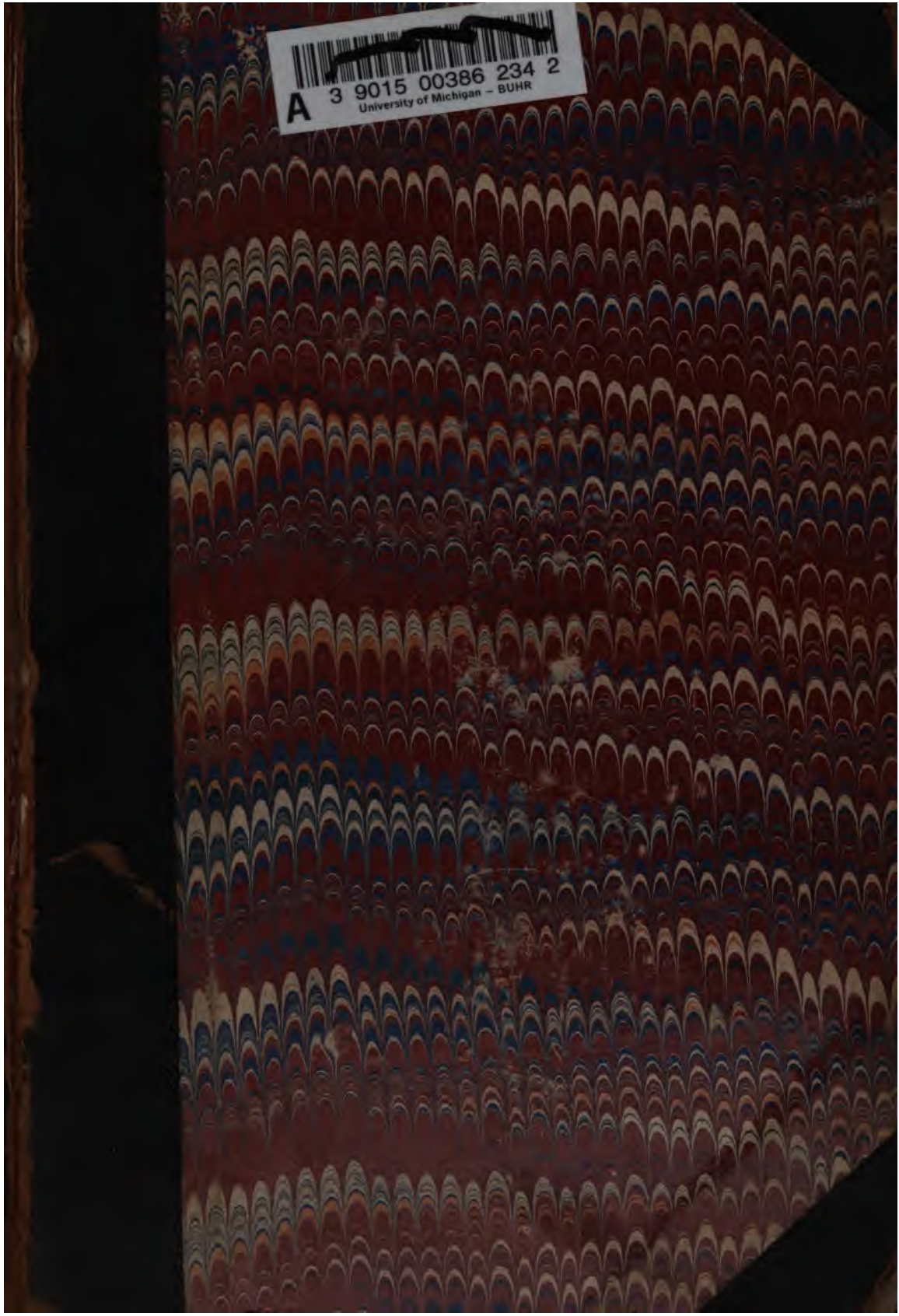
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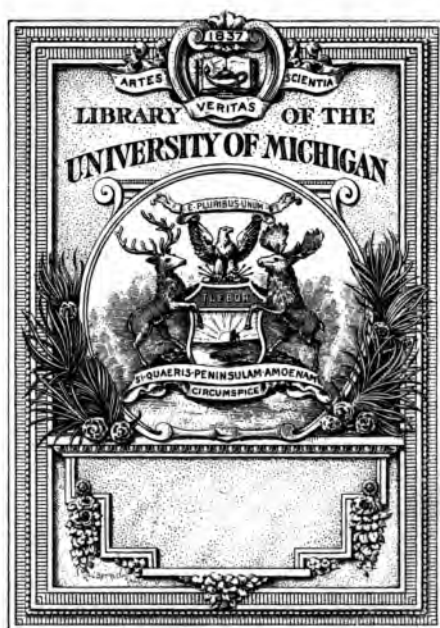
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AUGUST, 1872.

No. 1.

Original Communications.

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ART. I.—*A Remarkable Case of Inversion of the Uterus. Reduced after twenty-two years Duration.* By Prof. JAMES P. WHITE, M. D.

Reported by A. T. LIVINGSTON.

The reduction of an inverted uterus, except immediately after the accident, is one of the most recent results of Obstetric Surgery.

Not merely the propriety, but even the possibility, of its accomplishment has been generally denied by Authors up to the present time.

The fallacy of this doctrine has again been beautifully demonstrated by Prof. James P. White, M. D. of this city (Buffalo), in the reduction of a complete inversion of the uterus of *twenty-two years* standing. To Prof. White is due the credit of originating this operation, which he did so long ago as 1856, when he reduced a case of eight days duration.

In connection with a report of this case published in the *Buffalo Medical Journal* for March 1856, and again, more fully, in the report of his third case, published in the *American Journal of the Medical Sciences* for July, 1858, Prof. White expressed the most sanguine convictions as to the feasibility of reposition in cases of long duration.

There is absolutely nothing wanting, in this latest, the tenth case operated upon by Dr. White, to entirely establish the truth of those convictions.

This case, of which we give an account below, is considered to be the most remarkable one upon record; particularly in point of *time*, which, it clearly proves, is not a condition that negatives the success of the operation.

The history of the patient prior to the time of the operation has been obtained principally from a thesis presented to the faculty of the Buffalo Medical College, in February, 1871, by Dr. O. C. Strong of Colden, N. Y.

Mrs. Aime Dubois, then aged twenty-four, and residing in Buffalo, gave birth to a female child, July 15th, 1850. The midwife, who attended her in her confinement, experienced some difficulty in removing the placenta, but finally succeeded in *pulling it away*. This act was followed by so great hemorrhage as nearly to destroy the woman's life. From this time until the day of the operation she suffered a continual loss of blood, which, twice a month, amounted to a "flooding." She consulted various physicians in regard to her condition but received no benefit from any of them. This is not surprising when we are told that, until Dr. Strong was called to see her in 1870, no physician had ever proposed to make an examination per vaginam with the view to determine the cause of the hemorrhage.

March 2d, 1870, Dr. Strong was called to attend Mrs. Dubois, He "found her lying upon a bed, about which were evidences in abundance of the terrible flooding that had just recurred."

Upon making a digital examination, he discovered "a tumor about the size and shape of a small pear occupying the vagina," which, after a careful specular examination, he "diagnosed as an inverted uterus."

For this prompt and, as the sequel has shown, accurate diagnosis, Dr. Strong deserves much credit. He informed his patient that he considered her condition susceptible only of palliative measures and advised the use of tonics and local astringents. Afterwards learning of Dr. White's previous successful operations for chronic inversion of the uterus, a correspondence arose between himself and the latter with reference to the case of Mrs. D., which resulted in an invitation to Dr. White to visit the patient and, if

upon examination he should think it advisable, to attempt the reposition of her uterus.

June 23d, 1872. Prof. White, with Profs. Julius F. Miner and M. G. Potter, Drs. Geo. N. Burwell and W. C. Phelps and the writer, whom he kindly invited to accompany him, proceeded to the residence of the patient in the town of Colden, Erie Co., N. Y. She was found to be feeble and very anæmic, and slight hemorrhage from the tumor was then occurring. Prof. Potter, who was requested to take charge of the anæsthetic, administered some chloroform to the patient and the tumor was then examined by several of the gentlemen present. It resembled in size and shape an ordinary hen's egg, and was suspended in the vagina by a long, narrow pedicle continuous with its smaller extremity.

This appearance, particularly the small and elongated cervix, led some who examined it to doubt its being a uterus at all and to consider it, rather, a polypoid growth. But a probe could not be passed along the pedicle into the os, as might have been done had the tumor been a polypus.

The uterus could not be detected by palpation over the abdomen. A probe passed up the vagina was felt both by the finger in the rectum and the hand placed over the hypogastrium; also the finger passed up the rectum came in contact with the anterior abdominal wall as felt by the other hand; all these diagnostic means proving the absence of the uterus from the situation, which it normally occupies.

By these negative proofs Dr. White was entirely convinced that the tumor was the inverted uterus and he therefore proceeded to attempt the reposition of the same in the presence of the above named gentlemen who accompanied him and also Drs. Strong of Colden, Davis of Boston and G. H. Lappham of Aurora. Dr. Potter had produced anæsthesia by chloroform which he now exchanged for ether, with which he kept the patient anæsthetized during the operation.

Dr. White now assumed the kneeling posture in front of the patient, who had been placed upon the bed so that her hips projected a little beyond its edge, her feet resting in the laps of Drs. Miner and Phelps, who sat upon either side of Dr. White, each

supporting a knee and holding a hand of the patient. He then introduced his right hand into the vagina and began manipulating the tumor. This manipulation consisted in compressing the uterus, which relieved its congestion and rendered it more pliable and in making gentle pressure in the line of the axis of the pelvis by use of the uterine repositor. After continuing this a short time the Doctor brought the tumor down to view, when a glance sufficed to assure the *doubting* of its true nature. By the pressure which had been exerted the neck had been shortened and dilated, the body and fundus reduced in size, the superior angles (now inferior) were distinctly seen, and altogether the tumor then present the normal outline of a uterus of small size.

The operator's uterine repositor* consists of a stem of wood or hard rubber, about ten inches in length, straight or curved, one extremity of which is enlarged and cup-shaped to fit the fundus uteri, the other extremity having attached to it a coil of steel spring wire, against which the breast of the operator may be placed, who, by leaning forward, may exert a constant and gentle pressure upon the uterus, and thus relieve his other hand, with which he can facilitate the repositing by manipulating the upper end of the uterus, either through the abdominal wall or by passing a finger up the rectum. This repositor was again introduced, and a pressure of eight or ten pounds exerted by it, and, at the same time, compression was made by the hand within the vagina upon the portion of the uterus protruding beyond the os, the same hand also retaining the fundus uteri and cup of the repositor in coaptation, the left hand being employed as above suggested. When, in this manner, the cervix had been made to embrace the fundus, the uterine repositor was substituted by a large rectal bougie, with which pressure was continued until the close of the operation.

At the end of an hour and fourteen minutes Dr. White was obliged to discontinue his efforts on account of the benumbed condition of his hand, caused by the pressure upon it of the narrow and unyielding vagina.

The fundus, at this time, was within the cervix and above the

* A full description of the Uterine Repositor, illustrated with plates, will be found in the American Journal of the Medical Sciences for April, 1872, and Buffalo Medical Journal for May, 1872.

os; and the Doctor considered the reduction substantially accomplished. He requested Dr. Miner to continue the manipulation, which he did, and in sixteen minutes, or just one hour and a half from the beginning of the operation, Dr. Miner enjoyed the satisfaction of announcing that the uterus, which for twenty-two years had been completely inverted, was now as completely repositied.

Two hours after the operation, when we left her, the patient was quite as comfortable as had been anticipated. An opiate was administered, and directions were given the attendants to keep her perfectly quiet for at least a fortnight.

By letter dated June 27th, Dr. Strong reports Mrs. D. doing better than he had dared to expect. She had complained somewhat of pain in the head and back, also of abdominal pain, which, however, was not severe. Slight tympanitis had existed, which the application of a stupe relieved. She was then taking sufficient morphine to relieve pain and keep her quiet; also quinine, wine, eggs, &c., in moderation.

June 23, 6 P. M., Pulse 90.

" 24, 8 A. M., " 75.

" 25, 9 " " 80.

" 26, 10 " " 90.

" 27 noon, " 90.

July 2, Dr. Strong writes: "Our patient is doing well, and nothing has yet interfered with her progress toward recovery. Pulse to-day, 68. Treatment is the same as reported last, except quinine, which was withdrawn on account of gastric irritability."

The following letter, which is the latest received from Dr. Strong, presents a most satisfactory conclusion to the report of this truly wonderful case :

COLDEN, July 19, 1872.

MR. A. T. LIVINGSTON :

My Dear Sir—Your favor of the 14th inst. came duly to hand, and in answer I would say that since the operation upon Mrs. D. nothing has transpired to mar the beauty of the result. The pulse has at no time exceeded 90 per minute.

In two weeks from the day of the operation she began to sit in an easy chair, and since that time she has been more or less about

her room. On the 14th instant an examination showed the uterus occupying its normal position, the intra-vaginal portion of the neck presenting the ordinary appearances of mild cervicitis. The patient is now about upon her feet some portion of her time, and everything points to a rapid and, I think, perfect cure. She has had no sanguineous discharges since the operation. Pulse is now normal and appetite fair.

I remain yours truly,

O. C. STRONG.

—:O:—

ART. II.—*Intermittent Cerebro-Spinal Meningitis.* By GEORGE NIEMEIER, M. D.

On Sunday morning, the 19th of May of the present year, I was called to visit a young married woman, aged about twenty-four years, whom I had safely delivered of a healthy boy on the 14th of March last, and who had been quite well since. I premise that, at the time, small pox was prevalent, though on the decrease; still every week fresh cases of a milder type would break out. Going to bed quite well on Saturday, the 18th, in the middle of the night she suddenly felt very chilly, then hot, and when I saw her she complained of severe frontal headache, pain in the epigastrium, inclination to vomit and actual vomiting, and general læsitude; pulse about one hundred; urine brown as coffee, highly albuminous, temperature decreasing from what it was during the night. Her first question was: "Do you think I will have the small pox?" My answer was: "For all I know you may; we will have to wait and see." I gave her a few Sedlitz powders that day. Seeing her again on the 20th of May, in the morning, she complained of having had a very bad night and high fever. I gave her lemonade. On Tuesday morning, the 21st, when I paid my visit, whom should I see there? Her husband's brother—a young man who is an Eclectic doctor near Toronto, and who, without my knowledge, had been telegraphed for by his brother to see his wife. This young man thought it was bilious remittent fever, and gave her, of course without my consent, Hydrarg. cum Creta, and large doses of opium. I left, but upon urgent solicitation of the husband I returned on

the morning of the 26th of May, when I was informed that for four days past, at about six P. M., she was taken with a violent fever and headache, lasting till six o'clock A. M.; and, though weak, she was comparatively well during the day. "What was it?" "My answer was: "Intermittent fever." I gave her four powders composed of Chiniodine, Salicine, Quinine and Sulphate of Beeberine, to be taken at eight, ten, twelve and two o'clock. On Monday morning, the 27th of May, I was informed that the fever the night before had only commenced at about nine o'clock, that she had been delirious and screaming throughout the whole night, and that the fever left her at about five o'clock A. M. She then complained greatly about pains in the neck, indistinct rather, double vision; strabismus, contracted pupils, eyes injected, extreme deafness, and I found the forearms, hands and knees thickly covered with an eruption similar to measles. "What's this?" I was asked. My prompt answer was: "It is Intermittent Fever and Cerebro-Spinal Meningitis." I told them, at the same time, that I was not aware such a thing could be possible; but, nevertheless, it was so. I applied blistering liquid to the temples and behind the ears, five wet cupping glasses and afterwards ice-bags to the nape of the neck, and ice on the head, and the same powders as the day before, with a large dose of Chloral for the night. Thinking it rather singular, I consulted my library when I came home, and found at last in Niemeier's Practice, in the original German, under "Meningitis," a description of an Intermittent Cerebro-Spinal Meningitis, and I was then doubly sure that my diagnosis was correct. On Tuesday morning, the 28th, I was informed that the fever had not returned, and that she slept soundly ten hours after the Chloral. Upper and lower extremities cold, head hot, excessive pain in head and neck, strabismus, quite deaf, tongue moist and soft with white streaks in the center, great prostration, pulse almost regular, eruption more extensive. Ordered hot mustard fomentations around arms and legs, ice-bag as usual, Brom. Pot. and Amon. in large doses four times a day; Chloral for the night in case she does not sleep. For a few days she was progressing as favorably as possible, when, on the 3d day of June, her husband demanded a consultation with another physician, which I refused, telling him

that I had not the least doubt or hesitation about the disease or treatment, and if he brought another doctor I would not return. He got another doctor, and I did not return until he came again on the 9th of June, telling me that his wife was dying, and begging me to see her again. I saw her Sunday night, the 9th of June, and then found that extensive Pleuro-pneumonia of the right side had been going on for some days; that she was extremely low, suffering, at the same time, with a bed sore on the right trochanter. Ordered Tinct. of Iodine painted over right chest, hot fomentations, a mixture of Senega and Mur. of Amon, and small doses of Morphine. From that time until now, I have been unremitting in my attendance on her, and what experience and ingenuity could suggest regarding diet and medicines has been done, so that she is now, though weak and emaciated, convalescent.

On the 1st and 2d of June I had three new cases of the same disease, one in town, the two others in the country, all three young men of between eighteen and twenty-one years old, and in each case the intermittent fever commenced, twice not with a quotidian, but with a tertian, type, till, with the third attack, the symptoms of meningitis clearly showed themselves, in each case these young men were even partly able to work during the intermediate days. When I was called, the intermittent type of the disease in two cases had left already, and on account of the extreme rapidity of the pulse I commenced with Tinct. Veratr. Virid. till the pulse was reduced, and then followed up with large doses of Brom. Pot. and Amon., besides cupping and ice-bags. The eruptions, in all of these three cases were large erythematous blotches. They all recovered within ten or twelve days.

I now ask the question, Is cerebro-spinal meningitis an inflammation of the membranes of the brain and spinal cord? I deny it, because the intermittent type, as shown above, excludes the continuous process of inflammation. I may imagine an intermittent congestion, but an intermittent inflammation is a contradiction. Professor Miner, in the March number of the *Buffalo Medical Journal*, page 311, states that he did not find any symptoms of inflammation in the membranes, but that the appearances were normal. I may add that two years ago this last winter I had an epi-

demic of meningitis, but not of an intermittent character, the first I ever saw, and of twenty-five cases then attended by me none died. They were similarly treated as now.

P. S.—A few days ago I had a case of poisoning in a woman by the seeds of *Datura Stramonium*, never seen by me before. Symptoms similar to those of *Belladonna*. Emetic and stimulants, internally and externally, caused recovery in three days.

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ART. III.—*Penetrating gunshot-wound of the Eye, lodgment of a small bird shot in the sclerotica opposite the point of entrance.* Reported by J. W. SOUTHWORTH, M. D., Toledo, O.

J. C. aged 17 while out fowling July 4th, 1868 was accidentally shot by a comrade, several shots struck on his cheek and back, some lodging just beneath, others in, the skin. One missile striking the outer aspect of the globe just above its horizontal meridian, about a line from the margin of the cornea; penetrating the sclerotic coat, at least, as evidenced by the presence in the orifice of the dark pigmented tissues underlying.

The first physician that examined it was of the opinion that the shot had not penetrated the organ, but had fallen out of the wound after partially burying itself in the sclerotica and prescribed accordingly.

On the 9th of July the patient consulted Dr. N. H. Kimball of Adrian, Mich. The eye was considerably inflamed, not very painful nor had he experienced much pain. Vision was obscure and intense photophobia was complained of. The organ was extremely sensitive to the touch and there was opacity of the crystalline lens which was greatest at its upper half. The wound appeared as before stated. Perfect rest, and exclusion from light and an active antiphlogistic treatment was adopted for the next few days. On the 13th the inflammation had subsided sufficiently to admit of an examination with a probe, so as to determine positively the penetration of the missile into the interior of the eye. Patient was anesthetized with chloroform, but the strabismus incident to it, so interfered with the examination that he was allowed to regain consciousness. After which the patient held the eye still by voluntary

effort and the probe passed in by its own weight, the point of it being visible through the pupillary aperture. It was gently raised so as to cause the end to impinge against the floor of the posterior chamber and drawn out, without producing any flinching of the patient, nor giving any evidence to the hand of the surgeon of contact with the shot which was unquestionably lodged in the organ.

The patient and father were apprised of the possible occurrence of sympathetic ophthalmitis, and the necessity of prompt operative procedures, in case it should begin to develop.

July 16th, eye much improved, very little redness of conjunctiva, can see his hand held up to the light, but cannot count his fingers. No pain and but slight photophobia treatment, small dose of calomel, opii and tart. antimon. at bed time. Iod. potass grs. vii in solution ter die, with a mild astringent and sedative coll- yria. Aug. 1st, eye apparently well, with opacity of lens sufficient to prevent recognition of countenances at three feet. Discharged patient with instructions to report immediately on the occurrence of trouble in either eye.

Jan. 10th, 1869. Patient presents himself with a small rounded elevation of sclerotic coat at its inner aspect just opposite the cicatrix of former wound. It has a dark bluish color and it unquestionably caused by the shot burrowing or ulcerating its way to the surface. Patient could not see any better. The missile was left to work out its own salvation.

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ART. IV.—*Treatment of Hemorrhage from the Bowels in Typhoid Fever.* S. WOOD, Clyde, N. Y.

Read before the Central New York Medical Association.

In the present paper I do not propose to treat of the symptoms of typhoid fever *in extensio*, nor of its morbid anatomy, pathology, diagnosis or prognosis, but merely to refer to a grave complication, which not unfrequently shows itself during the progress of this disease and the remedy, in my judgment, best adapted to meet the exigencies of the case or indications of treatment.

The grave complication, or symptom to which I refer, is that of hemorrhage from the bowels. Wood in his "Practice of Medicine," says that "this is often, at the same time, a bad sign, and injurious

by the exhaustion it produces." Bartlett in his work on the "Fevers of the United States," page 124 speaks of it as "A grave symptom." "Of seven cases cited by Chancel, all but one terminated unfavorably." "Of seven cases mentioned by Louis, three were fatal." And of thirty one in the Massachusetts General Hospital, eleven only terminated unfavorably."

Without quoting from or refering to other authorities, it may be safely affirmed, that this symptom, occurring during the progress of an otherwise naturally exhaustive fever, is well calculated to excite alarm to the physician and among the friends of the sick. So far as my experience goes, it is not confined exclusively, as might be supposed, to cases of the greatest severity. It not unfrequently manifests itself in the latter stages of a fever, of other-wise, mild type. I have known it also, to occur, during convalescence; the discharges of blood being very large and consequently alarmingly exhaustive. Two of the five cases, which I propose to report at this time, happened during this period; and if it had not been that I was on the look-out for this complication, owing to the condition of the bowels and a disposition to epistaxis, it seemed probable that, one or both of them, might have terminated fatally.

Now what treatment do the books advise us to pursue in an emergency in this kind? Various astringents, such as acetate of lead, kino, rhatany, tannic and gallic acids etc., combined with opium, or some of its preparations, are, I believe, usually recommended. But the operation of these therapeutic agents are, not always, satisfactory.

CASE 1.—In the evening of the 2nd. day of the month of Sept., 1852, I was requested to visit W—a boy of sixteen years, with typhoid fever, some two and a half miles distant, and who had been under the care of an other practitioner some two or more weeks. I was told that the case was one of great urgency, since, an unfavorable prognosis had been given; on arriving at the bed side, I was informed, that blood, in large quantities, was passing from his bowels at each frequent evacuation. Found patient exceedingly restless from pain and tympanitic distention of the bowels. Skin dry and burning, pulse extremely rapid and thready, tongue

dry, clean and with dark papilla, with sordes on the teeth and lips. The prognosis, indeed, seemed most unfavorable.

In being called upon to prescribe in an emergency of this kind, there was an imperative demand for immediate and decisive action. What was to be done should be done quickly. Not a moment was to be lost. In running rapidly through my mind the various styptic remedies of the *materia medica*, suitable to the case before me, I happened to recollect an article first published in the *Medical Times* August 17th, 1850, from the pen of Dr. Wm. Budd, physician to the Bristol Infirmary, on the "styptic properties of oil of turpentine in a case of purpura hemorrhagica," and also another article in *Braithwaite's Retrospect* for January 1851, by John Griffith, Esq. Wrexham, on the use of turpentine, in large doses, in uterine hemorrhage; and from the high praise given this remedy by these medical gentlemen I at once, resolved to give it a trial. Some was procured from a near neighbor, and, without delay I administered a teaspoonful in some sugar and water, and in fifteen minutes as much more. After the expiration of an hour, I gave half the quantity in the same manner; and then ordered that in two hours twenty drops should be given and so on, every two hours, until I should see the patient again the following morning.

Sept. 3d. Symptoms much improved. Pulse slower and fuller. Less heat of surface, with a tendency to perspiration. Expression of countenance less anxious, and from the character of the stools, was fully convinced, that the turpentine had controlled the hemorrhage, almost immediately after the first dose had been taken. For the next twenty-four hours I ordered the remedy to be given in twenty drops doses every four hours.

Sept. 4th. Patient still improving. Symptoms all better. No more hemorrhage. But the turpentine was so obnoxious, that I reluctantly discontinued its further use until I should see him again, and substituted a tonic in its stead.

Sept. 5th. Hemorrhage had returned with symptoms of a very threatening character. I now prescribed the turpentine again, to be given in twenty drops doses, as first, every two hours for three or four doses depending upon symptoms, and then every four hour until I should see him next day. Without extending the re.

port of this case farther, I will briefly state, than I continued the remedy some three or four days, at the expiration of this time, convalescence was fully established, and without further draw-back went on quite rapidly to complete recovery; there being no more hemorrhage.

CASE 2.—On November 13th, 1865, I was requested to visit M. a girl of eleven years, with typhoid fever, in great haste, and earlier than was my custom; and whom I had been visiting daily for some two weeks. She was represented to be dying from hemorrhage of the bowels. On arriving at the house I was told that the bed pan had once been emptied, and that the quantity of blood it contained was about the same as was then in it, which appeared to be not less than one pint. She was nearly pulseless, and had every appearance of one dying from loss of blood. Her mother was so strongly impressed with the conviction, that there was no hope, that it was with much difficulty I could persuade her to assist me in giving a teaspoonful of oil of turpentine, in mucilage, to her daughter. We however succeeded, and at the expiration of an hour repeated the dose. I then prescribed twenty drops to be taken every two hours until I should visit her again. Called in the evening and found symptoms improving. Was satisfied that the first dose of turpentine had controlled the hemorrhage as if by magic. Continued the remedy some three or four days, when convalescence being fully established it was discontinued. The recovery in this case was very satisfactory.

CASE 3.—Was that of C. a young man of about twenty-one years, living some four miles in the county, whom I attended in a long run of typhoid fever, of a severe type;—my visits extending from December 19, 1865, to January 13, 1866. There was much delirium and disturbance of the bowels during its progress. In the third week of his illness he had an attack of bleeding from the bowels which was very readily controlled by the use of the oil of turpentine. Patient recovered.

CASE 4.—On the evening of December 19, 1865, I was requested to visit Mr. B. of middle age, who resided in an adjoining town, and who had been under the care of a neighboring physician between two and three weeks. I found him, with the usual symp-

toms, of a mild type of continued fever. There was considerable debility for the amount of fever, night sweats and derangement of the bowels; but under the influence of tonics and stimulants, with suitable nourishment, he began to improve, until after having made nine visits, I ceased my calls, with the injunction, that should hemorrhage from the bowels show itself, at any time, I was to be, without delay notified. This was the only apprehension I had, respecting his recovery without a draw-back. We were having many cases of typhoid fever at this time, and many of them were fatal. The next evening a messenger came in great haste to let me know that Mr. B. had had a large evacuation of blood from the bowels, filling the chamber or vessel nearly, if not quite, half full. I prescribed the oil of turpentine as in the former cases; at first in teaspoonful doses, and then smaller ones as the urgency of the symptoms seemed to demand. The effect of the medicine was all that could be desired. The first dose operated to stop the hemorrhage. Patient recovered without any other unpleasant symptom.

CASE 5.—Was that of F. a lad of seventeen summers, whom I attended, in an adjoining town, during a portion of the month of Nov. last. He had been ill some three or four weeks, with a mild form of typhoid fever. After treating him some ten days, he had so far recovered, as to make my visits no longer necessary. But from the disposition to epistaxis, and diarrhœa, with occasional traces of blood, in the fecal evacuations, I gave directions that, should hemorrhage from the bowels occur at any time, during the period of convalescence, the oil of turpentine must be given without delay. In about a week, the father of the boy, called at my office and stated that the next day after my last visit, a pretty sharp hemorrhage of the bowels set in, for which they had given the remedy in half teaspoonful doses, with the happiest results; it having controlled the bleeding very speedily; and that convalescence was going on very satisfactorily.

To enter fully upon the therapeutics of the oil of turpentine, or history of its introduction into the materia medica, is not the object I have in view at this time. It would be too much of a trespass upon your time and patience, my sole purpose being to

throw what light I can upon, or call your attention more especially to, the management of hemorrhage of the bowels, when it occurs as a complication in the latter stage of typhoid fever. It will be noted that the doses given are much larger than recommended by our works on materia medica in passive hemorrhages from the bowels. How the remedy acts, whether as a stimulant or styptic to an ulcerated surface, you can judge as well as myself. I am well aware that oil of turpentine has been much used of late years in the ordinary dose in certain stages, or to combat certain symptoms, of typhoid fever, but not in the hemorrhage occurring during their progress.

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Correspondence.

Cerebro-Spinal Meningitis.

MILLERSBURG, IND.

PROF. MINER,

DEAR SIR:—I take the liberty of sending you a report of treatment of cerebro-spinal meningitis which I have used with satisfactory results in my practice in Ohio in 1868-9, and during the past month in this locality, where it is now prevailing to a limited extent. The symptoms already published in the *Buffalo Medical Journal* are very full and complete, and I send you a copy of daily record of the last case treated, which resulted in complete recovery and embraces, in the main, the treatment that has been of most service to me in this disease.

April 11, 1872. Called to see J. S.'s daughter, aged eight years. Taken sick at school the 10th; complained of chilliness and pain in the head; came home and went to bed. The family physician called and prescribed for remitting fever. Patient continued to grow worse, became delirious, complained of pain in the head, occasional vomiting, pain in the bowels, until we were called at eleven A. M., as above stated.

Found the patient in convulsions. Administered chloroform sufficient to produce partial anæsthesia, put her in warm wet pack from the arms to the feet, applied ice to the head, gave full dose of sulph., morphia by applying it dry to the tongue. Convulsions controlled in about an hour, but there was a continued rolling of the head, oscillation and turning up of the eye-balls, the pupils dilating at times and again becoming normal and contracted; a tendency to throw the head back and burrow it in the pillow; and when allowed to come from under the influence of the anodyne an incessant tossing and throwing of the body from one side of the bed to the other.

R F. Ext. Hyoscyamus, 5 drops.

“ Indian Hemp, 3 drops.

S. Every three hours in one-half teaspoonful of glycerine.

R Bromide of Potassa, gr. iij.

“ Ammonia, “ ss.

S. Give in solution every four hours.

R Morphine when the Hyoscyamus failed to quiet sufficiently.

Friday, 12th, nine A. M. Patient more quiet, but still unconscious; continued dilatation of the pupils, tossing of the head, &c., slight cough, accumulation in the bronchia. Sent for counsel.

Ten A. M. Patient more quiet; rational for a few minutes at a time, sufficient to recognize the parents when aroused.

Twelve M. Face flushed, threatened with spasms. Repeated the warm pack, increased the ice to the head and neck, applied sinapisms the whole length of the spine. In an hour she was again relieved so as to recognize friends when aroused, but sinking again into delirium and coma. Nervousness very well controlled.

Counsel arrived; agreed upon diagnosis and treatment.

Hydrcarg. sub. muriate, grs. xii. Divide into three parts; give a powder every three hours.

Discontinued the iodide while giving the sub. muriate; continued the Hyoscyamus and Indian Hemp, ice to the head and morphine when necessary. Staid with the patient until twelve at night. Rested quiet most of the time; extremities quite cold; applied jugs of hot water.

Saturday, 13th, nine A. M. Bowels not moved ; gave injections of beef tea and brandy ; bowels moved well at eleven A. M. ; continued to move frequently during the afternoon ; fever and flushing again in the afternoon ; continued the treatment ; added bromide of potassa and ammonia.

Sunday, 14th, three o'clock in the morning. Febrile symptoms entirely controlled ; pulse very weak ; discontinued the potassa.

R. Brandy, one-half teaspoonful every hour.

Sulph. of quinine, grs. iss.

Dover powder, grs. ss.

S. One powder every three hours.

Beef essences, *ad libitum*.

Three P. M. Bearing stimulants and tonics well ; the heat in the head somewhat increased, but resting well and says she feels better ; bowels moving less frequent.

Monday, 15th. Quiet night's rest ; diarrhœa controlled ; continued tonics and stimulants.

12 M. Condition unchanged, except indications of moisture ; skin quite soft.

Tuesday, 16th. Rested well during early part of the night ; fever came on in the after part ; gave dover powder.

At nine A. M. fever subsided.

R. Quinine, grs. iss.

Every three hours until three have been given.

Cough very troublesome ; expectorating freely ; no complaint of pain.

Wednesday, 17th, nine A. M. Patient rested well through the night ; very free perspiration : feeling very comfortable when not annoyed by the cough.

Reduced the quinine to grs. i every four hours ; gave an expectorant ; applied croton oil over the throat and lungs ; continued beef essence and brandy.

Thursday, 18th, ten A. M. Patient has had no fever since Wednesday night ; some relish for food ; cough still troublesome, but expectorating freely ; continued the expectorant and quinine, nourishing diet, animal broth, and dismissed the case.

S. B. JUNKIN.

Translations.

*On the recent Advances in the Theory of Vision. By H. HELMHOLTZ,
(of the Royal Society of London.)*

Translated from *Les Annales d'Oculistique*, By F. W. ABBOTT, M. D.

(Continued from July No.)

We have only had to do, up to the present time, with the notion of a superficial field, or with two dimensions, and as its representation was, up to a certain point, analogous to the retinal images, the facts could accord almost equally well with one or the other of the two theories before us. Affairs are very different when we pass to the vision of near objects, for which it is necessary to take account of the depth, or the third dimension: then there is manifested an essential and radical difference, on the one hand between the images which the two retinas receive, and on the other hand between these images and the external world or the accurate notion which we form of it. It is upon this ground that it is necessary to look for the solution of the question which occupies us; and, in truth, for a number of years the theory of the perception of relief, and that of binocular vision, to which we principally owe this perception, have been a field of battle upon which have striven the most diverse researches and opinions. We see, indeed, from what precedes, that the questions here presented are of the most capital importance since the whole range of human knowledge is interested in their solution.

Each one of our eyes receives upon its retina an image which extends only upon the surface. Whatever be the disposition which we wish to assign to the nervous conduit, no hypothesis enables us to represent in the brain the entirety of the two retinal images by any thing else than by a superficial image. Now the two superficial images united give us the notion of a material image. As when we were concerned with colors, we here find a greater quantity in the external world than in sensation; but this time the notion to which we attain is inferior in no respect to the multiplicity of the form of the objects. It is important to remark that, the notion of the third dimension is as lively, as exact, and as im-

mediate in us, as that of the two other. When we jump from one rock to another, our safety depends just as much upon the appreciation of the distance to be crossed as of the direction in which we must jump. This second appreciation is relative only to the position in the visual field, and experience teaches us that it is made neither more quickly nor more accurately than that of distance.

How is the notion of distance produced? Let us commence by examining the facts.

We must remark at first, that up to a certain point we distinguish the relief and the distance of objects even when we use only one eye, and do not move the head. The circumstances which facilitate this appreciation in us differ very little from those by which painters profit to produce the illusion of relief and of distance, to which we attach so much value. Let us see how landscapists proceed. They prefer the moments when the sun is near the horizon, on account of the vigorous shadows which then best bring out the form of objects; they like also a light mist which causes the back ground to recede. People and animals, objects whose size is known to us, serve them in giving us standards as to the size and apparent distance of the other objects represented: the products of human industry, such as houses have the effect of giving with accuracy the position of the horizontal.

Buildings, machines, utensils are the objects a complete representation of which is best given us by an accurate perspective. We know that these objects are bounded on almost every side by planes which intersect at right angles, or by curved or spherical surfaces. This knowledge enables us to fill out the information furnished by the sketch. The symmetrical structure of the human body and of animals facilitates equally the comprehension of the respective representations of these objects.

When we have to do, on the contrary, with the representing of bodies of unknown and very irregular form, such as rocks, blocks of ice &c., we see the most skillful art of the painter frustrated; much more, the rigorously faithful representation which the photograph gives us of these objects shows us often only an unintelligible crowd of bright or dark spots. The contemplation of the ob-

jects themselves enables us, on the contrary, to recognize at once their exact form.

It is to one of the most illustrious of the painters, and almost as great a physicist as artist, Leonardo de Vinci, that the honor belongs of having clearly explained in what the best painting is necessarily inferior to the contemplation of the real objects. In his *Trattato della Pittura*, he remarked that our two eyes do not cause us to see the external world under an absolutely identical aspect. Each eye receives upon its retina a perspective representation of the surrounding objects; but, as these two organs are situated at some distance the one from the other, the difference of point of view involves a slight difference between the perspective representations formed in either eye. If, holding my index finger vertically before my face, I close each eye alternately, the finger hides from me alternately upon the wall, a part situated now more to the right, now more to the left. If I hold the right hand vertically before me, the thumb being nearer me than the rest of the hand, according as I use the right eye or the left eye I perceive a greater part of the back or of the palm of this hand, and things occur in an analogous manner whenever we look at objects whose different parts are at different distances from our eyes. But if we see in a picture a hand placed as I have just described, both eyes see exactly the same representation: one sees as much as the other of either surface of the hand. So, while the real objects give us different images to each eye, a painting gives them the same images. There is a difference of impression which the skill of the artist cannot do away with.

The importance of binocular vision for the perception of relief has been illustrated in a very remarkable manner by the stereoscope which Wheatstone invented. Every one knows of this instrument and the remarkable illusion which it is designed to produce. The objects represented appear in it with a relief as indubitable as though we had the real objects before our eyes. This result is obtained by presenting to the two eyes images a little different in perspective, and such that each one receives an image like that which the real object would give. If the images employed are well executed, if, for example, they are
stereographs taken from slightly

different points of view, the impression produced is, minus color, absolutely the same as though we were in the presence of the reality.

Those who are sufficiently masters of the movements of their eyes have no need of an instrument to fuse two stereoscopic images, and obtain the impression of relief; it is sufficient for them to direct their gaze so as to fix at the same time the corresponding points of the two images. But, for the majority of observers, it is easier to employ instruments whose effect is to cause the images to appear in the same place.

In the instrument such as Wheatstone constructed at first, each eye looks in a mirror placed obliquely as it regards its visual line, and the two designs were laterally disposed so that their reflected images occupied the same position in space. Each eye perceived one of these two images.

The stereoscope with prisms, or Brewster's, which gives less clear images is more widely known on account of its greater handiness. Both designs are upon the same card, which is placed at the bottom of the box, which is divided into two parts by a partition. In front are two slightly prismatic convex glasses, whose effect is to remove and slightly to enlarge the images, while displacing them laterally, so that the observer thinks he sees them at the same place; each eye sees the image which is designed for it, and both appear to be in the middle of the box.

It is particularly when the other elements which generally aid us in recognizing the form of objects have failed us, that the stereoscopic illusion presents itself in the most striking manner; I will note geometrical figures in simple outline, such as representations of crystals, or better still the pictures of very irregular objects, above all when, these objects being more or less transparent, their shadows are not presented in a manner familiar to us. It is in this manner that each one of the two stereoscopic photographs of glaciers often presents to the eye only the aspect of an irregular marbling, while by uniting the two in the instrument we seem to see the crevasses in the ice, the plays of light which penetrate it and even the glitter of the slippery surfaces of the glacier.

More than once monuments, cities, landscapes, whose stere-

oscopic representations I had seen, have made no impression of novelty upon me, a thing which never happened to me when I had seen only sketches or pictures, which can never produce a sensation comparable to that which is given by the reality.

The exactness of stereoscopic vision is astonishing. To give an example let us cite an application which Dove has proposed. If we put into a stereoscope two proofs obtained from the same composition of types or the same engraved plate, these images, perfectly equal, will evidently give a perfectly plane resulting image. Now, human skill is not sufficient to imitate the characters or the lines of an engraved plate with such accuracy that, in placing simultaneously under the stereoscope two proofs, obtained from two plates, certain letters or certain lines will not appear to stand out from the paper. This is the easiest means of recognizing counterfeit bills; we place a good bill and the suspected bill in the instrument together, and we see whether in the resulting image, all the lines appear to be in the same plane.

This experiment is important as it regards the theory of vision on account of the striking manner in which it shows with what delicacy we perceive the differences of relief brought out by the difference between our retinal images.

We must now try to discover how two retinal images, both superficial, can, by their union, produce in us a corporeal notion,—that of a body with three dimensions.

Let us determine, in the first place, that both of the superficial images furnished by our eyes are really perceived. When I look at the wall of my room and interpose my finger held vertically, this finger, as we have said before, hides from each of our eyes a different part of the wall, then when the wall is seen single the finger appears double.

Since, in ordinary vision, we are only concerned in distinguishing the objects themselves these double images escape our notice except in very peculiar cases. To see them it is necessary to look at the field of vision in a very different manner; we must do as a sketcher does who wishes to reproduce it. The artist tries to forget the true form, size, and distance of the objects which he wishes to represent. He forces himself to see them simply as they appear

in the superficial field of vision, in order to reproduce them upon the superficies of his paper. It would be natural to think that such is the original and most simple manner in which the vision can be used; so the majority of physiologists have up to this time considered it as being the form in which the notion is immediately imposed upon the sensation, and they have considered the vision of the relief as a result of study, as a representation experimentally acquired, and resulting from a secondary manner of using the vision. But it suffices to have sketched a little, to know how much more difficult it is to appreciate and to measure the apparent form of objects in the visual field, than to recognize their true form and size. The notion of the real object, of which the sketcher cannot divest himself, constitutes in truth the greatest difficulty in sketching from nature.

Let us then look at the field of vision after the manner of sketchers, keeping both eyes open; when we turn our attention to the objects which cover its superficies, the differences between the two retinal images can no longer escape us: we see double the objects situated on this side of and beyond the point of fixation, provided that they are not so far removed from the line of sight as not to be distinctly perceived. At first we notice only the widely separated double images, but very soon, by practice, we can distinguish even those which are near each other. In like manner if I hold a finger vertically before me, as has been said before, this finger hides a different part of the wall from each of my eyes; if I look at a point of the wall, the wall is seen single and as the finger projects itself upon two different points of its surface, it must be that the finger should be seen double.

All these phenomena, and other analogous ones, such as those presented by the position of the double images of an object seen binocularly, may be embraced under a simple law, which has been formulated by Jean Mueller. To each *point* of one retina corresponds upon the other a *corresponding point*. In general, in the superficial field of vision common to both eyes, the images which appertain to corresponding points coincide; those which appertain to points not corresponding do not coincide. Or, what is about the same, the points of the two retinas situated at the same dis-

tance to the right or the left, above or below the point of fixation are corresponding.

We have seen before that the naturalistic theory necessarily supposes a perfect fusion of the sensations transmitted by the *corresponding* points, which Mueller also called *identical*.

This hypothesis takes on a more palpable form when we join to it the anatomical hypothesis, in accordance with which the corresponding fibers blend two by two, either at the point of crossing of the optic nerves, or in the brain. We hasten to add that, although indicating the possibility of such a mechanical explanation, Jean Muller by no means vouched for its accuracy. He considered his law of identical points as being the expression of the facts, and he insisted only upon the identity which he believed that he recognized between the localizations of the sensations received by these points.

But here this difficulty presents itself, that every time the double images are susceptible of being fused into one single notion, their isolated perception has relatively little accuracy, which contrasts with the extreme precision of which the appreciation of relief is susceptible, as Dore has demonstrated. Nevertheless, it is solely upon this difference between the two images, from which double images result, that the vision of relief rests. A very little difference between two stereoscopic images suffices to produce in us the impression of a convex surface, while a difference from twenty to thirty times greater would be necessary for the double images to become perceptible, even to the most experienced observer.

Moreover, other and different circumstances render the perception of double images sometimes more easy, sometimes more difficult. In this connection the notion of relief acts in a very remarkable manner—the more evident it becomes, the more difficult it is to see the double images. It is for this reason that they are perceived less in the presence of real objects than when we look at stereoscopic images. The perception of them becomes more easy, on the contrary, either when the corresponding lines of the two designs differ in intensity or in coloring, or if we add lines and points which occupy exactly corresponding positions, which brings out the failure of the correspondence of the neighboring lines. We could not explain the influence of all these circum-

stances if the unity of the localization was founded upon an anatomical communication of the nervous conduits.

Another difficulty, raised by the discovery of the stereoscope, was to explain how the perception of relief results from the difference between the two retinal images. Brucker first remarked a series of facts which appear to render the stereoscopic phenomena reconcilable with the theory of the innate identities of the retinas. If we observe ourselves while we look at stereoscopic images, or analogous objects, we ascertain that our eyes run along the different contours in such a manner that, while the point of fixation is seen single, the other parts may very easily seem doubled. Now, our attention being habitually concentrated upon the point of fixation, we take so little notice of the double images, that this phenomenon is often an unexpected discovery to those whose attention we call to it. As the act of following the contours of an object demands irregular movements, accompanied with variations of convergence as much greater as the distance between the different points of the object is more variable, we may conceive that the consciousness of these movements may produce the notion of the difference of the distances of the lines examined.

It is incontestible, in truth, that these movements of the sight give, much better than the fixation of one single point, the notion of relief represented by a linear stereoscopic design, only because these movements cause us to apply successively to the different points of the figure direct vision, which is much more clear than indirect.

The hypothesis of Brucker, according to which the perception of relief is obtained solely by the movements of the eyes, cannot be sustained since the experiments of Dove, according to which the stereoscopic illusion persists while employing the illumination of the electric spark, whose duration does not reach the four-millionth part of a second. In so short a time moving, terrestrial bodies move so little that, whatever be the velocity of their motion, they seem to remain absolutely immobile. During the duration of the electric spark there cannot be produced, therefore, any appreciable movement of the eyes; nevertheless, the illusion of stereoscopic relief is produced perfectly well.

The phenomenon of stereoscopic luster, also discovered by Dore, demonstrates that there does not exist between the sensations of the two eyes such a fusion as is demanded by the anatomical hypothesis. When a surface white in one of the stereoscopic images is black in the other, its binocular image takes a peculiar shine or luster, even if the paper is perfectly dull. Stereoscopic designs of crystalline forms have often been executed, one of the images being drawn in white on a black ground, the other in black upon a white ground; in the stereoscope we then seem to see a crystal of shining graphite. In accordance with the same principle, a photograph often reproduces, in the stereoscope, the effect of a sheet of sparkling water, the varnished leaves of certain plants, &c.

This is the explanation of this phenomenon. An unpolished surface, such as a white paper presents, reflects light with an equal intensity in all directions. It is for this reason that this surface appears equally luminous to us, whatever may be the point of view chosen; it also appears equally luminous to either eye. A polished surface, on the contrary, besides the light which it diffuses equally in all directions, gives reflections in certain determined directions. Now, it may be that only one of the eyes receives this reflected light; then the reflecting surface appears much more luminous to that eye, and, as this is an effect which only polished bodies can produce, the presence of a difference of light in the stereoscope gives us the impression of luster.

If the impressions furnished by the retinal images were fused together, the union of black and white would make gray. This circumstance, that black and white stereoscopically combined give us the impression of lustre—a sensual impression which no gray surface can give—is sufficient to prove that the sensations of the two retinas *do not become fused*.

The instantaneous illumination by the electric spark gives the impression of luster perfectly. This proves that this impression does not rest on an alternation of sensation between the two eyes, nor upon what it called the antagonism of the retinas.

More, also, not only are the sensations of both eyes not fused,

but we also distinguish each from the other the sensations of either eye.

Finally, the phenomena which occur when we hold before the two eyes two images which are not susceptible of being united into the notion of one object, present a peculiar interest. When, for example, one of the eyes looks at a printed page, and the other at an engraving, the *antagonism* or *conflict* of the visual fields prevents the two images from being simply and purely superimposed; one or the other always predominates by spots or places. If both designs are equally clear, the places where the one or the other predominates generally move after a few seconds; but if one of the images presents in any part a uniform white or a black ground, to which some very clear contours correspond in the other, then these last generally predominate and neutralize the perception of the uniform ground. Contrary to what other observers have said, I affirm that we can always influence the issue of the conflict by the voluntary direction of the attention. When we try to decipher the print, the letters remain dominant, at least, at the spot whither our attention is directed. When we attempt, on the contrary, to follow the lines or the contours of the engraving, these are the parts which dominate. I find even by directing the attention to any object feebly illuminated we may cause to disappear a much more intense object which is painted on the other retina. In this manner I am able to examine the details of structure of white paper, and to neglect a strongly marked design situated at the corresponding point of the other field. The antagonism does not rest, therefore, upon predominance or the oscillations of a sensation, but upon fixity, or the oscillations of the attention. There, perhaps, does not exist a phenomenon which lends itself better to the study of the causes capable of directing the attention. But it is very necessary to remark that the voluntary intention of seeing sometimes with one eye, sometimes with the other, is not sufficient. It is necessary to evoke a very vivid sensual representation of what one wishes to see for this object really to appear. When we abandon the representations to their natural course, we see that those oscillations are produced to which is given the name of antagonism. Very apparent objects then generally get the better, at

least for a time, of the less luminous or less clear objects of the other field.

Moreover, when we place two glasses of different colors before our eyes, and then look at the same objects, there is manifested an antagonism of colors analogous to those of objects which causes sometimes one and sometimes the other of these colors to dominate in places; only after some time, when the vivacity of the colors has diminished in the sensation, on account of unilateral fatigue, and by the production of complementary accidental colors, we see a sort of resultant color, which is composed of the two primitive colors.

It is much more difficult to direct the attention exclusively to one of the colors than to one of the two designs adapted to produce antagonism; because we can direct the attention to a sensual impression permanently only when we constantly find there something new to discover. Nevertheless, we may facilitate the experiment by directing the attention to the designs or letters reflected by the side of the glass which covers the eye. These reflected images are white, nevertheless, to direct the attention to them is sufficient to make the color of the glass, before which they are found, appear at once in the perception.

To be Continued.

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Miscellaneous.

The Effect of Menstrual Disorders upon the Vascularity and Nutrition of the Intra-Ocular Structures.

BY REUBEN A. VANCE, M. D., NEW YORK CITY.

The careful observation of the intra-ocular structures with the ophthalmoscope, continued at short intervals for a length of time, will, in certain cases, reveal phenomena of great interest, both in a physiological and pathological point of view. This is especially true when the patients are women, and the observations extend over such epochs as pregnancy and lactation, or menstruation and the climacteric period. We have then an opportunity of watching the effect upon the cerebral circulation of those bodily states which are notoriously competent to induce changes in the mental tone of

the individual, and which, in certain cases, cause a most distressing form of insanity.

The phenomena of menstruation may be attended by disordered vision, and it is possible that such visual disorders are due to the general commotion to which the female organization is subjected at this time, yet such cases are rare; and Dr. T. Clifford Allbutt, of Leeds, in his recent work, says that he has never been able to satisfy himself of their existence.* I have seen a number of cases in which photophobia and dimness of vision were complained of at the monthly periods, in which the ophthalmoscope did not reveal any disorder of the intra-ocular structures, and others again where hyperæmia of the disk and retina to a very marked degree, occurring at the same time, was unattended by any defect of vision.

In very many cases the menstrual epoch is attended by great mental depression, and occasionally by extreme bodily suffering. The mental vagaries, curious conceits, and unnatural ideas and desires then developed are as diverse as the pains and aches which at such times are so commonly complained of by different patients. It will frequently happen that the peculiar tendency of the individual will then be developed, and an opportunity is thus afforded of learning more of the mental characteristics of a woman by a careful observation of her remarks and attention to her conduct during this period than at any other time. The details of a case which I presented in outline to the Medico-Legal Society of this city, in December, 1871, and which was the subject of a memoir read before the Medical Journal and Library Association, March 8th, 1872, illustrates this fact very clearly. A young woman who became the victim of morbid desires and vicious impulses at each menstrual period, but who was in perfect mental and physical health at all other times, gave no other evidence of cerebral disorder than such as was revealed by the ophthalmoscope. While such peculiarities of disposition and conduct as were exhibited by this patient are among the rarities of medical experience, it is to be borne in mind that the physical state which initiated them in this case is very commonly induced by that peculiar condition of the system which occurs in connection with the phenomena of menstruation.

The ophthalmoscopic appearances in the majority of cases in which symptoms referable to the cerebro-spinal system have been observed, are such as denote an increase in the quantity of blood in the intra-ocular structures. The retinal circulation is affected, but not to the same extent as that of the disk. The vessels of the latter are enlarged and their number increased. It may even assume a crimson appearance, and I have even seen it so congested that the whole fundus oculi appeared of a uniform color, and the site of the papillæ could only be discovered by tracing the retinal

* ALLBUTT, *On the Use of the Ophthalmoscope in Diseases of the Nervous System and of the Kidneys; and also in certain other General Disorders*. London: Macmillan & Co. 1871.

vessels to their point of convergence. The arteries of the retina may be but slightly affected—as a rule, they are not enlarged to any great extent—but the veins are increased in size and number, and their course becomes irregular and tortuous. It is the proper vessels of the disk which undergo the greatest change, and the chief evidences of congestion will be observed at the intra-ocular termination of the optic nerve.

In a small proportion of cases, yet cases in which the cerebral symptoms are of the same nature and equally severe with those of the former class, the ophthalmoscopic appearances are directly the reverse of those just described. Instead of hyperæmia of the disk and retina, we find an anæmic state of the intra-ocular structures. The lateral vessels of the disk disappear; the retinal arteries and veins are much smaller than in health—the former sometimes diminishing to a mere line; many branches previously visible now disappear from view, and the disk presents a clear, bloodless aspect through which the openings in the lamina cribrosa can be plainly seen.

The proportion of cases in which intra-ocular congestion can be observed at the menstrual period is quite large, but the number of instances is small in which the ophthalmoscopic appearances of hyperæmia persist during the whole time the woman is unwell. In many cases where ladies suffering from menstrual irregularities have been under my care for disorder of the nervous system it has been possible to pursue ophthalmoscopic observations for a length of time, and not only to see the intra-ocular appearances during the time they were menstruating, but also during the intervening period. Two well-defined classes can be distinguished; one in which the irregularities of the intra-ocular circulation lasted but a short time, and were apparent only at the commencement of menstruation; another, in which they came on a day or two before the flow manifested itself, persisted during its continuance, and lasted a variable time after it ceased. The first class suffered more or less pain at the time these appearances were noticeable, but presented no abnormal nervous symptoms; the other class complained of mental depression, obscure nervous phenomena and pain in the back and thighs.

Cases characterized by anæmia of the intra-ocular structures pursue much the same course and present many of the symptoms observed in cases of congestion persisting throughout the menstrual period. An ophthalmoscopic examination alone can distinguish between them and determine in a given case whether the cerebral symptoms complained of are due to hyperæmia or anæmia of the brain.

There seems to be no causative relation between the amount of blood discharged and the state of the cerebral circulation. An excessive flow may coincide with an extreme degree of intra-cranial hyperæmia, while all the evidences of intra-ocular anæmia may be

present in cases where the menstrual discharge is unusually small. The most satisfactory solution is found when we consider the connections and functions of the sympathetic nervous system. It is a well-known fact that an irritation applied at one part of the sympathetic may manifest itself as an alteration of the structure or functional activity of organs but remotely connected with the nervous branches subjected to experiment. The phenomena most apparent are changes in the vascular supply of the part upon which the irritation is reflected, and these changes are of the nature of anæmia and hyperæmia. It is not impossible that some modification of the molecular structure of the tissues is produced primarily to which the hyperæmia or anæmia is secondary. Be that as it may, in a therapeutical point of view it is of the utmost importance to determine which anatomical condition is present, for the treatment appropriate for the one is very detrimental to the other. This is especially so with respect to the brain, for cerebral symptoms almost precisely similar are produced by either hyperæmia or anæmia. The manner in which certain morbid conditions of the uterine organs produce modifications of the cerebral circulation is inexplicable upon any other hypothesis, while the clinical fact that such changes are produced, especially in certain menstrual derangements, is susceptible of demonstration by any one who will take the trouble to investigate the subject with the ophthalmoscope.

The mental symptoms due to the deranged nutrition of the brain so produced are manifold, and vary from the merest excitability of manner to the most furious mania; from slight depression of spirits to extreme melancholia, and in more than one case I have known the whole character of the individuals so changed as to lead to the commission of the most vicious and disgusting acts. It is in this latter respect that these cases acquire importance in a medico-legal point of view, and no expert can form an opinion entitled to any weight who has not carefully examined the patient with the ophthalmoscope before, during and after her menstrual epoch. In this manner, and in this manner alone can the physical condition of the intra-cranial organs, as regards these secondary vascular changes, be determined, and a basis of fact acquired upon which to found a rational opinion as to the responsibility or irresponsibility of an accused person. *Boston Med. and Surg. Journal.*

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Multilocular Ovarian Cyst never tapped : Ovariectomy ; Recovery.

BY DR. JOHN C. GOODING, Cheltenham.

[The patient was sixty years of age and unmarried. She had always had excellent health. The symptoms of the disease dated back eight years. Just before the operation was performed the abdomen was entirely filled by a fluctuating tumor, extending

above the ensiform cartilage; the uterus was mobile, and in its normal condition; the tumor could not be felt by the vagina.]

June 15th, 1871. The patient is in excellent health, and was out even up to yesterday making little purchases in preparation for her seclusion. She is hopeful but resigned. The bowels acted during the night, and the bladder was emptied before the operation. Beef-tea was given three hours, and brandy-and-water immediately before the administration of the chloroform, which was kindly undertaken by Mr. C. J. Bennet. The patient, warmly clad, was conveniently placed on a table in a room the temperature of which was 70° F. An incision, three inches long, was carried midway between the umbilicus and symphysis pubis, through the skin, fasciæ, and rectus, down to the peritoneum, which was then divided on a director. The hand, introduced between the tumor and abdominal walls, found no adhesions, not even in the left iliac region, where I expected there might have been some resulting from the recent inflammatory attack. The cyst was punctured, and withdrawn until it resisted gentle traction. To introduce the hand to determine the detaining cause it was necessary to extend the incision by an inch, as the partially extruded cyst occupied a portion of the wound. I found, high up in the epigastrium another cyst, the contents of which were evacuated through the first, and then the whole growth was easily withdrawn. The pedicle, very short and thin and two inches broad, was transfixed through a translucent part and tied in two portions with stout silk, severed, and replaced in the pelvis. The other ovary was healthy. The insignificant oozing from the divided rectus was sponged away; no fluid having escaped into the abdomen (thanks to the efficient assistance of Messrs. J. Humphreys and C. J. Newton). The wound was closed by five silver sutures traversing the peritonium at least half an inch from its cut edges, and two or three superficial wire sutures and broad strips of plaster. A large pad of cotton wool, retained by other strips of plaster, filled and supported the concave abdomen and completed the dressing. The patient was re-placed in bed; pulse 85, good.

The tumor was made up of two large cysts, which between them held twenty-five pints of thick dark fluid; a third cyst, about the size of an orange, containing glairy white fluid; and numerous small cysts, embedded in and projected from the interior of the walls of the larger cysts, and crowding round the pedicle. When the cysts were all emptied, the solid portion weighed 2 lb. 10 oz.

Four hours after the operation the patient was comfortable; had felt slight nausea, which was completely allayed by ice; the pulse was 96; skin warm and perspiring. Eight ounces of urine drawn off. One tablespoonful of cold milk was given, and ice only ordered for the next few hours. At midnight—eight hours after the operation—I found that the patient had slept soundly for an hour; her aspect was good; pulse 90; skin warm and moist. Six ounces

of urine drawn off. On the following day I found that the patient had taken thirty minims of nepoche to relieve slight pain occasioned by the vermicular action of the intestines; she had slept well, and was comfortable. A teacupful of milk, and half that quantity of beef tea, had been taken during the past twenty-four hours. On the third day flatus passed, the patient continuing her favourable progress. On the seventh day all the sutures were removed, as the wound was found to have healed throughout its entire length; but at the upper angle, from the want of another superficial suture, one lip was more elevated than the other, exposing half an inch of raw surface. A piece of lint soaked in carbolic acid lotion, and long strips of plaster, embracing the lips, were applied; the wool and plaster as before to support the abdomen, which continued undistended. The use of the catheter was continued up to the tenth day, from the patient's inability voluntarily to evacuate the bladder. The bowels were relieved by castor oil on the ninth day. On the twelfth day a tonic mixture was ordered, to stimulate her appetite; on the fourteenth she was allowed to sit up in bed; and on the twenty-first, the wound having for some days past completely healed, she took an airing in a wheel chair. A few days after she went into the country; and on her return recently came to see me, and was looking exceedingly well.

To tie and return the pedicle certainly seems the next best mode of dealing with it, when, owing to its shortness, the clamp cannot be used. The portion of the pedicle on the distal side of the ligature—the stump,—surrounded as it is by *warm* tissues, no doubt retains its vitality long enough for it to become attached by lymph—rapidly effused and organized as we know this to be—to adjacent parts. And in the same way that a completely detached portion of lip, if quickly readjusted, *and its warmth be maintained*, will soon become part of the body again, so does the stump become vivified by blood conveyed to it through the newly formed vessels rapidly developed in the effused lymph. The ligature, when tightened, buries itself too, and brings into apposition the peritoneal covering of the pedicle on either side of it, and between these adhesion probably soon takes place. The *material* of the ligature would scarcely seem, theoretically, to affect the result, for by the complete closure of the abdominal wound air is excluded and decomposition prevented; there being then no putrefying fluid for the ligature to absorb, hemp and silk would be on an equality with metal. The results of cases by those who have had many opportunities of treating the pedicle as in this case seem, practically, to favour this view.—*Lancet*, Dec. 2, 1871. *Braithwaite's Retrospect*.

Editorial.

Volume Twelve.

The beginning of a new volume, to the Editor of a Medical Journal, is something like the beginning of a new year, or even of a new life to people in general; it is, at least, suggestive of thought and reflection. The first desire which it naturally stimulates is that the new be better than the old, and various plans are laid to promote this end. The profession have favored us exceedingly, and we have been able to publish some of the most instructive and valuable papers which have appeared in this country, and alas! we have also published some which were of no value whatever, "worth a little less than nothing." It was anciently deemed best to let the wheat and tares grow together, and we have acted somewhat upon the principle of the Divine teaching, but we mean to have as few tares, and as much wheat as possible. Our readers will appreciate the impossibility in our climate, of having a perfectly clear crop, "free from weeds." Our Journal has been open to varied expression of opinion, and our attentive readers must have noticed that our aim was to offer a free medium of communication with the profession.

Another train of reflection is also stimulated by the yearly steps, as they are taken. The early volumes of our Journal were commenced, as some will remember, at a time of such political and financial depression and distress, that according to all human calculation, its completion could not be expected, but the clouds and darkness have passed away and our subscribers have learned that if the Journal is late in its issue, it is the fault of the printer, and not due to the death of the Journal.

For the future, the whole field of Medical knowledge open for cultivation, and the entire medical profession invited to enter in and labor, we offer such as is gathered, believing that with the continuance of former favors we shall send out a volume of which the profession may be proud.

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Books Reviewed.

The Principles and Practice of Physic. By Sir THOMAS WATSON, Bart. M. D., F. R. S. In two volumes, edited with additions and numerous illustrations, from the Fifth English Edition, by HENRY HARTSHORNE, A. M., M. D. Philadelphia: HENRY C. LEA, 1872. Buffalo: T. BUTLER & SON.

The years which have elapsed since Watson's Practice of Physic was first placed in the hands of the profession, has witnessed many changes in the art of dealing with disease. Much that was in former years deemed essential, is now

looked upon with that curiosity with which we view some relic of the days of barbarism.

We wish all of our readers could have the pleasure of making a comparison between the editions of 1844 and of 1872. We assure them that it would afford them food for profitable reflection.

The present American Edition is edited by a physician, whose experience as a writer, practitioner, and teacher has made him in every way fitted for the duty. The work is amply illustrated, the illustrations adding greatly to its value especially as a text-book for the student, or book of reference for the young practitioner. The pathology of disease was written by Watson, in the very first edition of his work with unsurpassed accuracy and beauty; it was our Bible of Medicine when a student, and though we early learned not to follow his teaching in the treatment of disease, still we have never ceased to admire his plain and attractive descriptions of its causes and nature. That a large amount of additional matter has been incorporated in the work is shown by the addition of the second volume of the full size of the first issue. Many diseases not previously mentioned are now fully discussed, and valuable additions have been made to the lectures as they formerly appeared, so that it is complete in scope and extent. This book as it is now offered to the profession, is vastly more valuable than before; it contains all the excellencies of former editions, and perhaps none of the faults. It is brought down to our time and country, and is a safe guide in the *treatment* of disease, a statement which we do not think could truthfully be made of the early issues. This was the misfortune of the day, and not the fault of the author. Bleeding, blistering, antimony and calomel, were the staples in the treatment of nearly all diseases, nature had rarely been allowed to show the power of her influence.

Time has changed the general teaching and added what was lacking, so that Watson's Practice of Physic, by Hartshorne is perhaps in all respects the most complete and comprehensive work of the kind in this language, and as well adapted to the wants of physicians and students, as can be in the present state of knowledge.

Insanity and its Treatment. Lectures on the treatment, Medical and Legal of Insane patients. By G. FIELDING BLANDFORD, M. D., Oxon. With a summary of the laws in force in the United States, on the confinement of the insane. By ISAAC RAY, M. D. Philadelphia: HENRY C. LEA, 1871.

The lectures comprising this work were delivered at the school of St. George's Hospital, and hence the book is to be regarded more as a text-book for students than as a complete treatise on the subject of insanity. As such it is remarkably clear and explicit, and in the short space allotted necessarily to each lecture, treats the subjects under consideration in a very full and satisfactory manner.

The appendix will add much in value to the American edition. The author

Dr. Ray, has gained so wide and well-deserved a notoriety on the subject of insanity, that anything coming from his pen may well receive the attention of the profession. The work is one which cannot fail to impart much information to the observing and careful student, and to such we recommend it as a book highly calculated to meet their wants in the department of diseases of the mind.

Doctor in Medicine: And other papers on professional subjects. By STEPHEN SMITH, M. D. New York: WM. WOOD & Co., 1872.

We have read with much interest the papers on various subjects of which this work is composed, and with many have been highly pleased.

The book comprises fifty-eight papers on subjects of professional interest. The opening article, *Doctor in Medicine*, in an interesting manner presents some suggestive ideas in regard to the degree of M. D., which is so often easily gained and unworthily worn. The paper on the duty of coroners shows that that ancient institution has fallen into as much disrepute in other parts of the state as it has in Erie County.

The question of nostrum advertising, which is becoming a growing evil in our religious and secular papers, is treated in plain language, the concluding sentence of which is worthy of attention by the publishers of what profess to be papers suitable for family reading and instruction:

"Now, if quack advertisements must go to the homes of Christian families, we say, let them be taken there as quack advertisements, and not by a messenger who professes to stand upon 'great primal Christian truths' in their distribution. We cannot think that 'the time has come for a living Christianity' thus 'to assert itself.'"

The book is full of entertaining and suggestive reading, and comes from the pen of a physician whose position in the profession entitle his words to respect and attention.

Autumnal Catarrh, (Hay Fever), with three maps. By MORRILL WYMAN, M. D. New York: Hurd & Houghton, 1872. Buffalo: Martin Taylor.

That a peculiar and distressing form of catarrh exists in the northern portions of North America during certain seasons of the year has come to be generally admitted, although, from being confined to certain localities, it has not fallen under the general observation of the profession.

This disease was first described in 1854, by Prof. Wyman in his lectures in the Medical School of Harvard University. Being a sufferer himself, Prof. Wyman has given this disease much careful thought and inquiry, and the result of his labors is embodied in the work now under consideration. The book comprises over one hundred and seventy pages, and treats of the affection in the following order:

General History, Local Symptoms, Constitutional Symptoms. Annual Course, Geographic and Chorographic Relations, Influence of place upon the disease, Causes of Paroxysms, Diagnosis, Prognosis, Treatment, and Illustrative Cases.

The large experience which Dr. Wyman has had with this disease, has made him competent to speak with authority upon the subject, and we do not hesitate to recommend the work to such of our readers who may wish for information in regard to it.

A Year-Book of Therapeutics, Pharmacy and allied Sciences. Edited by HORATIO C. WOOD, Jr., M. D. New York: WM. WOOD & Co., 1872.

This is a collection of the more important articles which appeared in the numbers of *New Remedies* for the past year, and is of value both as a book of reference and as a record of advances and discoveries which are yearly being made in the medical sciences.

The editor, Dr. Wood, is a gentleman of large and cultivated experience, and the selections, most of which are from the periodical medical literature, are made with care and taste.

Catalogue of the Library of the Surgeon General's Office, U. S. Army.
With an Alphabetical Index of Subjects.

Library of the Surgeon General's Office, Supplement to Catalogue.
List of American Medical Journals.

At the commencement of the late war, the library of the Surgeon General's Office consisted of only about 350 volumes, since that time it has rapidly increased so that it now embraces over 13,000 volumes.

The establishment of a large Medical Library in a central locality where it can be open to the professional public, will meet a want which has long been felt by American Medical Men, who wishing to investigate some particular subject, have been put to considerable inconvenience in looking up the opinions of medical writers.

The printed catalogue before us will aid such very materially, showing them at a glance what books likely to treat of the subject under consideration are to be found in the library at Washington.

This library is still capable of improvement, and physicians can render much good to profession by forwarding copies of duplicate works which they may happen to possess, and are not to be found in the surgeon General's Office.

Report to the Surgeon General of the United States Army on the Minute Anatomy of two cases of Cancer. By Assistant Surgeon J. J. WOODWARD, U. S. A.

The usual methods of representing microscopical preparations are open to many objections, the chief one being their want of accuracy. The cost of

photographic plates, where a large number of representations are to be made, is an objection against that process which carries much weight with it. The need of some method to overcome these objections, seems to be met by the recent introduction in the United States of a method of printing in ink from photographic negatives. There are at present two methods in operation, the Woodbury and the Albertype processes.

The illustrations in this report, two in number, are made by the Albertype process. We quote from the author a brief description of this method: "In this process a printing surface (not a relief) is produced on a gelatin film by the action of light through the negative, on certain chemicals contained in the film. The surface thus produced when properly inked, yields in the press an impression on paper, in which the details of the original negative are very well preserved. The prints may be made on either plain or enameled paper; in the latter case they closely resemble silver prints on albumen paper, in the former they are like silver prints on plain paper."

We are very much pleased with the illustrations in this paper, and are inclined to favor the print on plain paper; the glare from the surface of the enameled paper having a tendency to obscure the print in certain lights.

The report is very well made, and will add much of value to that which is already known in the minute anatomy of cancer. Case I is a report of a case of mammary cancer. No. II being the report of a case of cancer of the liver. Too much cannot be said in praise of Surgeon Woodward's researches in microscopic anatomy.

Half-Hour Recreations in Popular Science, Nos. 3 and 4, DANA ESTES, Editor. Boston: LEE & SHEPARD, 1872.

Number Three of these popular essays on Science is devoted to an explanation of spectrum analysis, including also the theory of sound, heat, light and color; taken from the writings of Schellen, Roscoe, and Huggins. The explanations which are here afforded, are finely adapted to the popular mind and are so entirely free from technical terms and expressions, that they can be readily understood by all, except the most careless and superficial reader.

Number Four contains an account of some of the discoveries which have been made through the agency of spectrum analysis, and is also made up in large part from the works of Schellen, Roscoe, Young, and others.

The illustrations which are introduced into each volume are finely conceived and ably executed, and add much to the general worth of the books. Messrs. Lee & Shepard are publishing a series of these books under the editorial management of Mr. Estes, and they will in our opinion go far to meet the public demand for popular essays on scientific subjects. If the succeeding numbers are as interesting as the two before us, they will without doubt meet with a cordial welcome. We bespeak for both the editor and publishers the support of the public in their endeavor to popularize scientific subjects.

Constitution, By-Laws, Officers and Permanent Members, of the Medical Association of Central New York.

From Article 3 of the constitution, we learn that this Association is com-

posed of delegates from the Medical Societies of the counties of Onondaga, Cayuga, Seneca, Ontario, Wayne and Monroe. Any other County Society by conforming to the constitution and electing delegates, is entitled to admission. The meetings which are to occur in June and December, are held alternately in Rochester or Syracuse.

We had the pleasure of attending the last Meeting of this Society, held in Rochester in June last, and were highly pleased at the zeal and intelligence on medical subjects there displayed. Many of the papers which were presented to the Association were of much interest, and we hope ere long to present some of them to our readers,

The address of the president, Dr. B. L. Hovey of Rochester, on "Thoughts and Reflections for the People," was a thoughtful and interesting paper, and was listened to with respectful and appreciative attention. We wish for this society a long life and many pleasant meetings, and are under many obligations to its officers and members for their kind attention paid to us at their late meeting at Rochester. The officers for the ensuing year are as follows: Dr. S. Gilmore, President; Dr. A. Bolter, 1st Vice President; Dr. H. N. Eastman, 2d Vice President; Dr. T. S. Brinkerhoff, of Auburn, Secretary; Dr. A. Mercer of Syracuse, Treasurer.

At this meeting a large delegation was present, the following counties being represented: Cayuga, Chemung, Cortland, Erie, Genesee, Livingston, Monroe, Ontario, Onondaga, Otsego, Seneca, Wayne, and Yates.

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OBITUARY.—Died, at St. Joseph, Mo., on the 9th inst., of congestion of the brain, Dr. E. P. GRAY, formerly of this city. Dr. Gray was born in Evans, Erie County, in 1824; graduated in the Buffalo Medical College in 1849. He was Surgeon of the 78th N. Y., Regiment.

At a meeting of the St. Joseph Medical Society, the following resolutions were passed:

Resolved, That the members of the St. Joseph Medical Society have received the announcement of the death of Dr. E. P. Gray, for many years a member of our Society, with profound regret.

Resolved, That in the death of Dr. E. P. Gray, this Society suffers no common loss. Eminently qualified by a thorough education, and many years of assiduous application to his profession, he ably combatted the many diseases of suffering humanity.

Resolved, That in addition to his high professional qualification, his many Christian virtues, his uniform courtesy and honorable intercourse with his associates, have endeared him not only to his professional brethren, but a large circle of private friends.

Resolved, That this Society deeply sympathize with his family in their sad bereavement.

Resolved, That this Society will attend the funeral of the deceased and wear the usual badge of mourning on the occasion.

Resolved, That a copy of the resolutions be published in the daily papers and a copy be furnished the family of the deceased:

Dr. H. TREVOR, *President*.

Dr. T. H. DOYLE, *Secretary*.

Books and Pamphlets Received.

A System of Surgery ; Pathological, Diagnostic, Therapeutic, and Operative. By Samuel D. Gross, M. D., L.L. D., D. C. L., Oxon., etc. Illustrated by upwards of fourteen hundred engravings. Fifth edition, greatly enlarged and thoroughly revised, in two volumes. Philadelphia: Henry C. Lea, 1872.

A Manual of Qualitative Analysis. By Robert Galloway, F. C. S., etc. From the fifth re-written and enlarged London Edition. Philadelphia: Henry C. Lea, 1872.

Diseases of the Throat. A guide to the Diagnosis and Treatment of Affections of the Pharynx, Œsophagus, Trachea, Larynx, and Nares. By J. Solis Cohen, M. D., etc. Illustrated by one hundred and thirty-three engravings on wood. New York: Wm. Wood & Co., 1872. Buffalo: T. Butler & Son.

The Physiology of Man. Designed to represent the existing state of Physiological Science as applied to the Functions of the Human Body. The Nervous System. By Austin Flint, Jr., M. D., etc. New York: D. Appleton & Co., 1872. Buffalo: Martin Taylor.

Proceedings of the Royal Society. Vol. XX, Nos. 130 to 134, inclusive. Received through the Smithsonian Institute, Agency of Wm. Wesley, 28 Essex St., Strand, London.

The use of Pepsine in the Diarrhoea of Infants. By James S. Hawley, M. D., Brooklyn, N. Y.

A Nomenclature of Diseases, with the reports of the Majority and of the Minority of the Committee thereon. Presented to the American Medical Association, at the meeting held in Philadelphia, May, 1872.

Bossanges' Catalogue of Anatomy. Paris: Gustave Bossange, 16 Rue du Dix Decembre.

Twenty-ninth Annual Report of the Managers of the New York State Lunatic Asylum, for the year 1871.

Report on Practical Medicine, made to the Illinois State Medical Society, at the Annual Meeting, May, 1872. By T. D. Washburn, M. D., Hillsboro, Ill.

Case of Excessive Hypodermic use of Morphia. Three hundred needles removed from the body of an insane woman. Reported by Judson B. Andrews, M. D. (From American Journal of Insanity.)

Constitution and Standing Rules of the Philosophical Society of Washington.

Catalogue and officers of the University of Wooster, for the collegiate year, 1871-72.

Tenth Annual Announcement of the New York Medical College for Women, session of 1872-73.

BUFFALO

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No. 2

Original Communications.

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ART. I.—*The Thermometer in Disease.* By F. M. HAMLIN, M. D.
Union Springs, N. Y.

Read before the Central New York Medical Association.

Any instrument or appliance of modern art or science which may be used in Medicine to solve mixed questions of cause and effect, to remove from the domain of the *probable* to the *positive*, thereby aiding in rendering Medicine an exact science, ought to be hailed by the profession with delight.

The rendering of symptoms *objective* which were *subjective* has been followed by rapid strides in modern Medicine. With how much more certainty we deal with the diseases of the chest and abdomen since the application of the principles of acoustics; or of the eye, ear and throat since we use instruments devised according to the laws of optics.

But no instrument, in my opinion, is so generally or widely useful as the thermometer. A very large proportion of the diseases a physician is called upon to treat, are accompanied by fever or increased heat of the body. Now the measure of this degree of heat is the measure of the difference between the existing condition and that of health.

From time without date the hand has been used to detect these changes of temperature; but from the nature of the case it is a

faulty and unreliable guide, for so much depends upon existing circumstances. If the hand be cold, or damp, or hardened, the sensations are very different when applied to the same substance. Then again the sensation imparted at the time of one observation can not be remembered exactly for comparison with that of another; and again the temperature of exposed parts of the body as the hands, face, &c., does not indicate, from unequal circulation, the actual degree of heat of the body. With such conditions the result of hand-thermometry, of a necessity, must be fallacious and unsatisfactory. The thermometer at once overcomes these obstacles and gives the true amount of heat.

The use of this instrument may be regarded in two aspects. 1st. As an aid in the diagnosis and prognosis of disease.

2d. By repeated and continued use the normal character of most febrile affections may be ascertained, thus contributing an important part to the natural history of disease.

Before considering temperature in disease it will be necessary to know the normal heat of the body and its variations in health. The average is 98.4° with slight deviations between morning and evening, and it may range from 97.82° to 99° without morbid action being present.

In tropical regions it is about one degree higher than in temperate. In the tropics it is lowest mornings and highest during the day; in the temperate it is highest in the morning on rising and lowest at midnight. Active exercise and increased heat of the atmosphere cause a slight rise, prolonged exposure to cold, and long continued mental exertion lessen the heat; and a full meal or dose of alcohol will at first cause a fall in the temperature, but it rises again as digestion and absorption progress.

There is a certain degree of relation between the increase of heat and the frequency of the pulse. An increase of one degree will be followed by an increase of ten pulsations, that is at 98° the pulse is 70, at 99° it is 80, at 100° it is 90, and so on. But this will be so varied from, that little dependence can be placed upon it; thus, in a case of erysipelas of the face under my care the temperature at one time was up to $106\frac{1}{4}^{\circ}$, but the pulse was 122; also in a case of pneumonia with a fever heat of $104\frac{1}{2}^{\circ}$ the pulse was 94. But in

these cases the pulse may have been modified by the medicines exhibited.

Could a positive law of relation be discovered, it would open a wide field for investigation in regard to the effect of medical agents upon the circulation. If the temperature should remain uninfluenced, but the pulse reduced by the administration of a remedy, I should regard it as doing a good work, especially if it be of a tonic and sustaining nature; and better still if by it both fever and pulse are reduced. In stages of collapse and dissolution there will be a wide departure. It will be seen by these facts that no general law can be established, as yet at least, but it will be well to observe clearly the degree of correspondence in each individual case.

The observation should be made by placing the bulb of the thermometer in the axilla, making sure that the skin and it are in direct contact, where it should remain from three to five minutes, the time depending upon the instrument used. Care should be taken that the thermometer is a reliable one. The best are those which are self-registering, as no examination need be made while in place, and covered by the clothing. Those which are not must be noted before removal from the person. An excellent instrument may be obtained of Tiemann & Co., New York.

In acute cases two observations should be made daily, morning and evening, and at the same hour as nearly as possible; in chronic diseases once a day will be sufficient. A continued series of observations will sometimes be necessary to settle or clear up the diagnosis of some diseases. But oftentimes one will be of great aid, thus, a temperature of 99° simply shows the individual is unwell; when above 101° to 105° the febrile symptoms are severe; above 105° the patient is in imminent danger; above 106° to 108° or 109° a fatal issue may be expected.

An individual yesterday well but who to day has a temperature of 104° is either suffering from an attack of ephemeral, or malarious fever, or an acute inflammation of some internal organ, its precise location, other signs must determine. Should it rise to 106° the first day, it certainly is an ague or some form of malarious fever. If after the eruption of measles has faded, there is still a high temperature; it may be determined that some complication

exists. A rise in the declining stage of scarlatina shows the super-
vention of some of the sequelæ, as nephritis.

In a case of pneumonia if the temperature has begun to decline and then rises again it shows the invasion of another lobe. In this disease if the heat does not rise above 104° it is a mild attack; if it should rise and continue above 104° any length of time, with a quick pulse it is not devoid of danger. In a case presenting the physical signs of pneumonia, if the temperature does not rise above 101.7° it may be concluded no soft infiltrating exudation has taken place. In acute rheumatism a rise to 104° indicates danger of cardiac inflammation.

In nearly all of the febrile affections there is an decrease from night to morning, and an increase from morning to night, this is a favorable symptom even though febrile action is severe; but where the morning temperature is as high or higher than the evening previous the prognosis must be guarded, for it is a bad omen.

A temperature of 103° to 104° in any disease shows that its course is not checked. Convalescence can not be declared established, until the morning and evening temperature remain at the normal degree, that is, it can not be said to exist until the morbid process ceases. This will be indicated most quickly and positively by the thermometer.

Diseased action may terminate slowly, lysis, or rapidly, crisis. If it be slow and regular it is a sure sign of convalescence soon to be established; but should it be slow and irregular constant care and watchfulness should be used to prevent complications. It should be known that in diseases terminating by crisis the temperature may fall *below* the normal point, as to 95° . Such stages of collapse should be treated by stimulants and warm applications, the thermometer thus giving an important clue to treatment. A sudden fall in a case of typhoid fever below 98° is indicative of intestinal hemorrhage. A quick fall to, or near the normal degree in typhoid fever, pneumonia, or measles, points to the near termination of the disease.

A fall of temperature below the healthy degree is rare. It sometimes occurs in the morning remissions of remittents, in the *apyrexia* of intermittents, in stages of collapse, in chronic wasting

diseases, as cancer, and sometimes on the approach of death. In the algide stage of cholera the temperature varies in different parts of the body. Dr. Sutton states, that the axilla may be at 92° and in the rectum 102° . The axilla at 95° or 96° shows imperfect reaction taking place. A range of $14\frac{1}{4}^{\circ}$ has been noted in this disease, the extremes being 91.2° and 105.6° .

Certain of the febrile diseases have, as it were, a normal range of temperature; this has been discovered and studied especially in the malarious, typhus and typhoid fevers, small pox, scarlatina, measles, rheumatism, pyemia, pneumonia and acute tuberculosis.

So characteristic is the range of temperature in each of these diseases, that it becomes a most certain means of diagnosis, although by no means the only one.

In many cases of typhoid fever which may be simulated by severe cases of pneumonia, meningitis, peritonitis, malarious fever, &c., it constitutes the only means. By it we can distinguish which stands in the causative relation in those cases called pneumo-typhoid and typho-pneumonia.

The typical range in typhoid fever is as follows:—First day morning 98.5° , evening 100.5° . 2nd day, morning 99.5° , evening 101.5° . 3d day, morning 100.5° , evening 102.5° . 4th day, morning 101.5° , evening 104° . In the second half of the first week the evening temperature is 103° to 104° , with a morning temperature one degree lower. In the last half of the first week the temperature of cases to be mild or severe so nearly coincides that it is of but little use in the prognosis; but in the second week the cases diverge so that the prognosis may almost be based upon it. In favorable cases during the second week there will be a marked difference between morning and evening temperature, even though the latter be 104° to 105° , the morning being one or two degrees lower, the range becoming less and less.

The higher the temperature the more unfavorable. A continued range of 104° , or the morning higher than the evening is a bad sign and shows danger in the third week. In the third week begin those highly characteristic daily variations, when the difference between morning and evening temperature amounts to four to six degrees, these gradually cease until convalescence is declared in the

third or fourth week. In severe cases these oscillations begin earlier, the latter part of the second week. The morning temperature is as high (104° and more) and differs but little from that of the evening, or the evening succeeding, it may be even higher. These cases differ from the mild, in that the morning temperature is above the average in typhoid, which is 103° to 104° whereas in the mild it is below. Complications are apt to occur in the third week.

Therefore, if in a case presenting many of the characteristics of typhoid, we have a temperature of 103 or 104° on the first or second day, we have not a case of typhoid; likewise it holds good if on the eighth or tenth day it falls below 103° .

But time will fail me to enter into a consideration of all the diseases in which the thermometer has been especially studied, nor is it necessary for my object, which is simply to show why it should be used more extensively, and its benefits.

The literature on this subject is still in its infancy and incomplete, nor is it very accessible. I have consulted the works of Flint, Niemeyer and Aitken, especially the latter, with profit. An excellent work on this subject by Wunderlich, has just been published by the "New Sydenham Society" and is now being distributed.

The thermometer is of especial benefit in those cases where from some cause or other we can not obtain correct information from the patient, as in children, the insane, and stupidly ignorant or designing persons. We have all seen children who bear the effects of disease with wonderful fortitude, whose replies are deceptive, timidity may prevent, and extreme youth be a complete barrier to correct information from them. In all such cases the thermometer is an invaluable aid.

Many of the insane seem to be, and are, cursed, or blessed, with a complete inability to realize pain. I have seen lunatics inflict upon themselves injuries, with indifference, which a sane person could not bear without extreme suffering.

I will give a single incident from Dr. Davy which is so instructive that it will not need a single comment of mine. Dr. Davy, in making his experiments on the normal temperature of the body, found a lunatic soldier who for many weeks exhibited a

temperature or 104° . His appetite was good and digestion too, so far as known. Remembering the condition to which I have alluded he examined him closely, and detected extensive disease of the lungs.

The lunatic died in a month of acute tuberculosis without any other expression of the disease than the persistent high temperature. Post mortem examination revealed ulcers of the larynx, but there had been no affection of the voice; there were vomicae and tubercles of the lungs, but there had been no cough; there were ulcerations of the intestines, but there had been no diarrhoea; there was disease of the testes, vesiculæ seminales and also of the prostate of a severe kind, these had been equally latent during life, excepting a hardening of the testicle without pain. In this case the high temperature was the first and only indication of disease.

To the surgeon its use, it seems to me, would be of great interest and instruction in traumatic fever after wounds and operations, giving warning, at least, of those unfortunate events which render many a brilliant operation a failure.

In some instances I have been called to see female patients who had "pleurisy" and persisted in that belief; had severe pain, shortness of breath, in short they simulated pleurisy closely; but the thermometer showed no increase of temperature, and some antispasmodics cured them in a few hours. In one case the pain complained of was so severe I gave two grains of sulph. morph. with $\frac{1}{2}$ gr. sulph. atropia in less than three hours without producing any visible relief. This case was purely hysterical and within twelve hours the patient was out in the street in spite of her pleurisy and my morphia. In 1869 I was called to see a young lady suffering from an intense pain in the hip joint and extending down the thigh. Voluntary motion was extremely difficult, but drawing the limb downward or pushing it upward produced no aggravation of the pain. Two medical gentlemen had seen her, one gave her a hypodermic injection of morphia, and both were inclined to pronounce it neuralgic. There was but slight increase of the pulse and little or no fever apparent to the hand. But the thermometer showed a temperature of 101° and I gave my diagnosis as acute

rheumatism, neuralgia being unaccompanied with fever, and the next day my diagnosis was confirmed.

It is of the utmost importance to keep a record of these observations, not only for future reference, but also for self defence. In regard to the latter consideration I will relate the main points of a case of importance to me, at least. A young lady aged 17 was attacked with a severe peritonitis. The first day the temperature was 100° ; 2d day 102° ; 3d day, morning $102\frac{1}{4}^{\circ}$, evening 105° ; 4th day, morning $102\frac{1}{4}^{\circ}$, evening 103° ; 5th day, morning $101\frac{1}{4}^{\circ}$, evening $103\frac{1}{4}^{\circ}$; 6th day, morning $101\frac{1}{4}^{\circ}$, at 3 P. M. $103\frac{1}{4}^{\circ}$. It will be observed that the range for the last three days closely resembles that of typhoid at a corresponding period. At this time, being in doubt as to the termination of the case, I called a medical gentleman who was on a visit to the place to see her.

She now presented a truly typhoid appearance, dusky face, slight delirium, abdominal tenderness, tympanitic, &c. My friend was so much struck with this appearance that he was inclined to pronounce it typhoid with strongly marked abdominal symptoms, although he admitted the range of temperature, which I had recorded, was against his diagnosis. But that evening the temperature sank to $102\frac{1}{4}^{\circ}$, and on the seventh, or next day in the morning it was 101° and evening $102\frac{1}{4}^{\circ}$, and typhoid was excluded. The farther progress of the case substantiated my diagnosis. On the ninth day of the attack the evening temperature was $99\frac{1}{4}^{\circ}$. On the tenth it began to rise and on the fourteenth it stood at 104° , on the sixteenth it was down to $98\frac{1}{4}^{\circ}$.

During the last five days there was pain in the region of the right ovary with tenderness on pressure, the rest of the abdominal tenderness having disappeared, I regard the latter rise in temperature entirely due to the efforts of nature to establish menstruation for it was at this time just due. There was no external flow however. I mention this for I believe the menstrual epoch may and at all times will, increase the fever when occurring during the course of inflammatory affections. Now if in this case the gentleman mentioned had only seen my patient as he did and with his strong convictions of typhoid, and she had died, as there was an uncomfortable prospect of her doing, the medical millenium not

being at hand, he might have said some damaging things. I was treating her boldly by the "opium plan," giving four or five grains of morphine daily, which could not, by the widest charity, be called good treatment for typhoid.

Being an older and more experienced practitioner than myself, willful or indiscreet language on his part might have seriously injured me, but I had my record by which I could have sworn it was not typhoid fever. Since suits of mal-practice are again becoming fashionable, but I am glad to say unsuccessful, I can readily conceive of the great use of such a record.

I have prepared and keep with me constantly some blanks for recording my observation at the time of making for the sake of accuracy and for comparison. Like every other instrument one must become accustomed to its use before its true value is appreciated, and when this skill is acquired it becomes not a mere instrument, but a valued guide and friend, guiding in regard to treatment and giving friendly support to diagnosis and prognosis.

When the solemn responsibilities of life and death are upon the physician, if he be wise, he will watch the conduct of that glittering, silvery little column as he would the lips of a prophet.

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ART. II.—*Stricture of the Esophagus.* BY JAMES S. BAILEY, M. D., Albany, N. Y.

Two years ago a lad ten years of age was presented at my office for examination. He was a pale emaciated looking boy with no symptoms of disease, except he could not swallow food and seemed to be sinking from exhaustion.

The father gave me the following history: He was engaged in a petroleum refinery, and for this purpose they used a concentrated form of potash. He usually took with him his dinner also a small pot of coffee.

The boy upon his fathers return at night was in the habit of drinking the coffee if any was left. Instead of bringing home an empty coffee pot one night, he put in it some of this caustic potash for the purpose of removing some grease spots from the floor.

The boy, as was his habit, turned the pot to his mouth, but instead of finding coffee he took a mouthful of the potash, and in-

stead of spitting it out he swallowed it, which excoriated the mouth as well as the esophagus.

A physician was sent for who refused to come, and said nothing could be done. After about one month the inflammatory symptoms had subsided, but he found great difficulty in swallowing even liquids. In taking a draught of water he would close his mouth and in the act of forcing it down a portion would escape through the nose.

A physician now for the first time was consulted who prescribed carbolic acid gargle, this was continued two weeks without relief, when the discouraged father brought him to me, a distance of nearly two miles, which the child walked.

After hearing the history I did not make an examination, but ordered him carried home and promised to call at his house next day, believing that I had to deal with a strictured esophagus.

Upon my first visit I entirely failed to penetrate beyond the strictured portion which was about an inch beyond the cricoid cartilage.

The next day I succeeded in passing through the stricture a very small bougie, which caused a free discharge of glairy mucus. I continued to introduce the instrument from day to day and at the expiration of one month could introduce a size no larger than a No. twelve bougie.

His swallowing was improved after the first introduction and he then partook freely of fluid nourishment of beef tea, milk &c., which caused rapid improvement in flesh; it seemed as if the little fellow could never satisfy his craving for food.

The orifice of the stricture seemed cartilaginous. He was finally enabled to take semi-solid food and meats cut very fine.

I now requested my patient to visit my office which he failed to do as he now could be sufficiently nourished, probably fearing he would be called upon to pay a portion of his indebtedness. I soon after lost track of my patient by his removal until one year ago, when I accidentally came across him and learned that he still experienced trouble in deglutition and could not swallow as well as when I last saw him, but could take enough food to sustain life.

This case was one of rare interest and I believe one that seldom

occurs. Timely efforts only saved the boy from starvation. There was frequently considerable spasmodic muscular contraction of the esophagus upon attempting to remove the bougie, but repeated introductions caused this to gradually disappear.

It is remarkable that the patient could take sufficient nourishment to sustain life, though this small opening and accumulate flesh so rapidly.

I am now enabled to report the lad in vigorous health though still suffering considerable embarrassment in deglutition.

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ART. III.—*Veratrum Veride in Pulmonary Hemorrhage.* BY
H. N. EASTMAN, M. D., Geneva, N. Y.

Read before the Central New York Medical Association.

I purpose, in the following paper, to limit my remarks entirely to the hæmostatic effects of *veratrum veride* in pulmonary hemorrhage, and especially to that form of the disease generally termed passive, as illustrated by the following cases.

In Sept. 1868 Mr. W. C. a theological student, born in England, some twenty-seven years of age, who evidently inherited a strumous constitution from one or both his parents, consulted me in reference to repeated hemorrhages of the lungs, that had occurred within the last few days.

The loss of blood up to this time had been trifling, a mere spitting of blood occasionally.

His complexion was rather sallow, his hair dark; he was of small stature, weighing perhaps less than 130 lbs., with a very narrow chest. Percussion elicited a dull sound under the left clavicle, and there was evidently some depression of the ribs in that region. On applying the ear to the part, the respiration was somewhat rough, or at least, did not yield the smooth respiratory number of a normal lung.

On enquiry I learned, that for several years past, the patient had been subject to an occasional slight cough, and very rarely, to trifling hemorrhages, with now and then attacks of indigestion.

He had been strictly moral and temperate in his habits, as far as I could ascertain, or judge from appearances. His occupation had

been sedentary, having been employed in teaching or writing for the last several years; more recently he had devoted himself to study.

His pulse, at this time, was not at all accelerated, not exceeding seventy to the minute, soft and compressible; neither was the respiration hurried, to any appreciable extent. I administered a gentle alterative to be taken that night, and followed next morning by saline laxative; and further enjoined perfect quiet, acidulated mucilaginous drinks with a mild astringents and opiates.

Things remained much the same for a day or two, after which, there occurred a profuse hemorrhage without any apparent exciting cause, filling a small bowl half full of florid blood and mucus. These paroxysms of bleeding persisted in returning every few hours for several days in succession, with unabated violence, notwithstanding every effort to arrest their course and prevent their recurrence, such as plunging the feet and hands in hot stimulating baths, administering, in succession, free doses of Gallic acid, Acetate of lead and Opium, per Sulphate of Iron, Sulphate of Zinc, and, indeed almost every form of mineral and vegetable astringent. No depleting measures or arterial sedatives were, as yet, employed, for the reason that not the least excitement of the circulation was at any time manifest, before or during the bleeding, nor any increased heat of the surface.

No premonitory symptoms foreshadowed a return of the hemorrhage, the pulse before and at the time, remaining perfectly normal in force and frequency, gave no intimation of an increased action of the heart on the one hand, nor any considerable decrease of power on the other, even after repeated profuse hemorrhages, as one would naturally expect, after so large and frequent discharges of blood from the lungs.

Nor was the effect of permanent counter-irritation to the extremities and thorax any more efficacious, neither did large opiates at all control the flow of blood, but the case continued to progress downward, in spite of all the means ordinarily made use of with success, towards a fatal and speedy termination.

In this discouraging state of things, I called in my friend, Dr. Geo. N. Dox, who, after carefully examining the case, advised a

persevering continuance of the same course, varying the astringents, from time to time, as each one seemed to fail in meeting the indications, hoping that the case would intimately yield to such a course of energetic treatment; but being myself quite impatient, and despairing of further success in the use of all ordinary means of treatment, I suggested to the doctor the propriety of putting the patient on a heroic course of arterial sedatives, not to moderate any abnormal increase of the circulation, for as already stated, there was none present, nor had there been, at any time previous, but rather to bring down the heart's action as far below the natural standard as might be thought practicable and safe, in order to transmit as little blood as was prudent, though the lungs, in a given time, so as to relieve their capillaries as much as possible from distention, till they could recover their tone, and the ruptured vessels could have time to heal, and thus again be able to tolerate safely the normal quantity of blood circulating through them. The doctor readily consented, and I immediately administered six drops of Tilden's fluid ext. of *veratrum veride* in a little sweetened water, giving orders to repeat the same thing in four drop doses every three hours provided no vomiting or nausea occurred from its use, till the patient should be again visited, meantime ordering mucilaginous drinks, and vegetable nutrient fluids as supports for the time.

Soon after the second dose, no hemorrhage having occurred after the first, the pulse began to fall without any nausea coming on. We continued this course without variation for a day or so. When the pulse fell below forty-five, attended with a "queer feeling" about the heat, as the patient expressed it, no bleeding having as yet returned since the first dose.

At this period, not wishing to depress the heart's action further, lest a coagulum should be the result of too slow movement of the blood through the organ, we continued the same dose at longer intervals, some four hours, and in this way, without further lowering the circulation, we held the heart, "*in statu quo*," continually for two weeks, meantime supporting the strength of the patient by animal broths, and after a little, allowing a cautious return to solid food at long intervals alternating with vegetable and animal fluids,

administering after a time, small quantities of wine and iron as a restoration, together with quinine as a vital nerve tonic.

After two weeks freedom from any recurrence of the hemorrhage, I began to allow the circulation to return gradually to its natural standard, cautiously lessening the dose of the veratrum, or increasing the intervals for two weeks more, at the end of which the pulse had regained its ordinary volume and frequency, after which, no further medication was deemed necessary, save, what seemed prudent, to continue for some time longer, a moderate course of iron and quinine to build up the general system and thus guard it against any subsequent assault of a similar character.

After his recovery I advised him to go to Minnesota, as more congenial to his constitution.

He soon followed my advice, went to the village of Fairbault, Minn., where he pursued his theological studies uninterruptedly, was in due time ordained by Bishop Whipple, and is now a successful preacher and Rector of a church in Frontenac, in the same state enjoying, according to our last letters from him, full health.

Another case to which I shall briefly allude was so similar to that just delineated, in its cause, treatment and final result, that it is unnecessary to spend much time in giving its history and particular management. It occurred in the person of Dr. G. C. a very reputable physician, now however, engaged in other pursuits, a man some fifty-three years old at the time, very spare, though tall, weighing some 120 lbs. only, with originally black hair, dark eyes, very narrow chest, of a frail constitution, subject for several years, to turns of coughing, often lasting several weeks, though generally not so severe as to interfere with his ordinary business habits, unattended, I think, with any hemorrhage previous to the one referred to. His mother is still living in the enjoyment of good health, though far advanced in years. He has a very large number of mature brothers, all living and in sound health; in short, there exist no indications of tuberculosis among his ancestors or in any of the branches of his family.

For the last two or three years he has been subject to occasional and very violent and protracted turns of urinary calculi, or nephretic colic. In the early part of Nov. 1869 he was suddenly at-

tacked with profuse hemorrhage of the lungs, having some days previous, felt a peculiar sensation in a circumscribed portion of the upper part of the left lung.

After employing revulsives, as the stimulating local baths before alluded to in the other case, and some of the more ordinary internal remedies, as opium, astringents &c., the paroxysms continuing to recur frequently during the first twenty-four hours. Notwithstanding these remedial measures, I immediately commenced with the veratrum, in a six drop dose, of the flui. ext., and proceeded in the selfsame manner I did in the other case, and pursued the course for the same length of time, some four weeks. In this case, as in the former, there was at no time any arterial excitement which seemed to call for lowering treatment; his pulse ranging about sixty-five, and not exceeding seventy per minute at any time, nor was there even present any superficial heat or febrile action.

My object in using the veratrum here, as in the former instance, was to reduce the circulation as far below the natural standard as I deemed prudent, in order to tax the vessels of the lungs as little as possible, or to move as small a quantity of blood through the pulmonary capillaries in a given time as would suffice to carry on the function of aëration, and sustain the vital forces without hazarding the formation of a heart clot. In this case, as in the other, the same "queer feeling" about the heart was recognized, when the pulse fell below forty-five. The same supporting course was pursued in this instance as in the former; and the same gradual letting up of the heart's action was continuously permitted here, after a week or two, until finally at the end of some four weeks, the circulation was allowed to return to its ordinary standard, by withholding entirely the arterial sedative.

This patient convalesced safely as the other, no return of hemorrhage occurring after the system was brought fully under the influence of the veratrum; nor has there been any recurrence up to the present time.

Following my advice, the Doctor, as soon as was deemed prudent, went to northern Illinois where he spent some months of the ensuing winter, after which he returned in usual health and resumed

his ordinary business habits, and since that time he has continued in the enjoyment of his accustomed health and spirits, being occasionally as formerly subject to turns of slight coughing, apparently from ordinary bronchial irritation. His present weight is over 150, more than ever before.

Now, there is nothing new or original in resorting to depleting measures or arterial sedatives in pulmonary and other hemorrhages attended with increased vascular excitement; but I am not aware that any one has employed *veratrum veride*, or any other similar sedative in pulmonary hemorrhage, when no acceleration of the heart's action was present, for the express purpose of reducing the *normal* circulation to the lowest point compatible with the safety of the patient, for the sole object of giving the pulmonary vessels rest, so to speak, to distend them as little as possible with the incoming blood, and thus prevent further rupture of the capillaries of the part, and afford an opportunity for the vascular lesions already existing to be obviated, by temporarily reducing the normal circulation. If others have pursued this course, or if such a plan of treatment has been recommended by any of the periodicals of the day, it has not come to my knowledge.

I have long since had little confidence in the action of astringents proper in hemorrhage of this kind, nor do I place much more reliance on the combined sedative and astringent operation of acetate of lead and opium.

The nitrate of Potash is not sufficiently prompt and reliable in violent cases, while antimony and *ipicac* are too liable to nauseate before causing sufficient arterial sedation, and *digitalis* is now, I believe, almost universally regarded as a heart tonic rather than a sedative but in the *veratrum veride*, we seem to have just the article to hold the heart temporarily, to lay our hand on that organ, as it were, and thus restrain its action while the pulmonary capillaries have time to recover this tone, and the ruptured branches to unite, and that too, without detracting from the vessels an ounce of blood or depressing the vital energy on the one hand, or doing any considerable injury to the digestive apparatus on the other, since it is ordinarily unnecessary to produce nausea or intestinal irritation in order to secure the full sedative influence of the *veratrum* if judiciously administered.

Translations.

*On the recent Advances in the Theory of Vision. By H. HELMHOLTZ,
(of the Royal Society of London.)*

Translated from *Les Annales d'Oculistique*, By F. W. ARBOTT, M. D.

Continued.

In connection with the subject of these experiments upon the antagonism of the colors, a dispute has arisen between some excellent observers, a characteristic circumstance as it regards the nature of the phenomena. Some, among whom are found Dove, Regnault, Bruecke, Ludwig, Panum and Hering, affirm that they have seen the resulting color at the time of the binocular combination of the two colors. Others, such as H. Meyer (of Zurich,) Volkmann, Messner and Funke, declare just as positively that they have never seen the resulting color. For my part I do not hesitate to adopt the opinion of the latter, for attentive study of the cases in which I might have thought that I saw the resulting color has demonstrated to me that I had to do with phenomena of contrast. It was sufficient every time to look at the real resulting color by the side of the binocular mixture of the colors, to determine that it differed sharply from that of the mixture. It is nevertheless beyond a doubt that the first named observers saw what they said they did, and consequently that great individual differences exist here. In certain cases noted by Dove as particularly adopted to confirm his opinion, such as the binocular fusion of the complementary colors of polarization so as to form white, I have never been able to determine the existence of the least trace of a mixture.

This remarkable divergence upon the subject of an observation relatively so simple has appeared to me the more interesting, since it comes to the support of this hypothesis of the empirical theory, according to which, in general, we consider as separated in space only those sensations whose separation we can obtain by the aid of voluntary movements. According to the theory of Young, when we look with one eye alone at a mixed color, there is still formed three different sensations; but no movement of the eyes

can separate them, they always remain united locally. Nevertheless we have seen that exceptionally a different localization in the notions of these colors is still formed, as soon as a part of the color seems to appertain to a transparent covering. When two corresponding points of the retinas are illuminated by different colors, the separation of these colors does not often occur in ordinary vision, and when it does take place, it is generally in the parts of the visual field to which we are not giving attention. The germ of such a separation into two parts which, during the movement of the eyes, move up to a certain point of independently of each other, exists none the less; according to the degree of attention which the observer is accustomed to accord to the peripheral parts of the field of vision and to double images, he will become more or less capable of isolating the colors which strike both retinas simultaneously. Mixtures of colors, monocular or binocular, simultaneously excite several sensations of color whose localization is the same in the field of vision. The difference between the notions obtained consists in this, that sometimes we interpret this system of sensations as being an indivisible whole, and that sometimes previous exercise enables us to analyze it into its constituent parts. We almost invariably proceed in the first way before a monocular mixture of colors, while we are more likely to proceed in the second manner when we have to do with a binocular mixture. But as this tendency is necessarily founded upon an acquired habit, it is easy to understand that it may present great individual variations.

If we observe the antagonism which is produced by the combination of two stereoscopic designs, one of which is executed in black upon a white ground, the other in white on a black ground, we remark that the black and white lines nearly corresponding always remain visible one beside another, which can only obtain if both back grounds, white and black, persist simultaneously. Then, upon a back ground with a lustre like that of graphite, we see an impression produced much more calm than would be produced by the antagonism of two entirely different designs. The experiment becomes more striking by adding a white printed leaf by the side of the part of the design which is upon a black ground, so that the

black ground exhibits during binocular vision upon one side the effect of luster, and on the other that of antagonism. So long as we direct our attention to the form of the represented object, so long as we survey it with our eyes, the differently colored contours concurrently command the movement of the eyes, and fixation can only be maintained by the *simultaneous* fixation of two lines. This demands that the attention should be directed all the time to both designs, and it is clear that both impressions persist then with the same vividness. There does not exist a better means of permanently preserving the simultaneous impression of both images. It is possible, to be sure, to see in places, for a little time, the combination obtained by the super position of two dissimilar designs; we may, to aid ourselves, observe the manner in which they cover each other, the angles at which the lines of which they are formed intersect &c. But when we fix the sight upon one of these lines the field which does not contain it immediately disappears.

Let us recapitulate the facts relating to binocular vision.

1st. Irritations of corresponding points of the two retinas do not fuse into an indecomposable impression, because, if it were so, we could not conceive of the production of stereoscopic luster. We have seen above that this phenomenon is not a result of antagonism, even should we attribute antagonism to sensation and not to attention; it depends on the contrary upon a suppression of antagonism.

2nd. The sensations proceeding from the irritation of corresponding points are not identical to the extent of being indistinguishable, because then it would not be possible, by the aid of an instantaneous illumination, to distinguish between the relief of a stereoscopic image and the corresponding pseudoscopic effect.

3d. The fusion of two different sensations which correspond is not an effect of transient neutralization of one of these sensations, because the binocular impression of relief depends solely upon this, that we are simultaneously conscious of two different images. Now, this perception of relief is possible without displacement of the retinal image, and when the illumination endures only for an instant.

We are led to admit therefore that *two sensations, recognizable the one from the other, arrive at our consciousness simultaneously without being fused*; that their fusion into one unique notion of the external object is therefore not done by a preestablished mechanism of the sensation, but by an act of consciousness.

4th. We find again that the corresponding impressions of the two retinas are similarly localised in the field of vision, or very nearly so, but that the representation which we make of one single object to which we refer the two impressions may sensibly derange this similarity. Now, if the similarity of localization was produced by an immediate act of the sensation it would not be possible that this sensation should be counter balanced by an opposing representation. It is otherwise if the similarity of the localization of the corresponding images rests upon the ocular evaluation, that is to say upon an evaluation of distances acquired by education or, in other terms. upon the manner in which habit has taught us to interpret local signs. It is then only one experience which is contending with another; it becomes conceivable that the representation according to which two visual images appertain to the same object exerts an influence upon the estimation of their position by means of the ocular evaluation, and we understand that two distances a little different in reality may be estimated equal in the surface of the field of vision.

Finally, if the similar localization of corresponding points of the two visual fields does not rest upon a sensation, it must be that it is the same for the comparison of different distances in one field of vision. In fact, if the evaluation of the distances in the field of each of the eyes was given in sensation, there would necessarily result from it also, in immediate sensation, a complete concordance of both fields of vision, since there would be coincidence between both points of fixation and both meridians.

We see how the logic of facts impels us necessarily towards the empirical theory. I ought to say that in recent times efforts have been made to explain the perception of relief, and the phenomena of single and double binocular vision, by admitting a pre-arranged mechanism. In spite of all that is at the same time ingenious and elastic in the hypothesis upon which these theories are founded, *attempts of this kind come into collision with an infinite variety of*

phenomena for which it is necessary to account, and all of which it is impossible for them to embrace. When a system of this kind adapts itself well to certain circumstances of vision, and seems to account for them, it is found that all the other cases remain unexplained. It is necessary then to have recourse to a very elastic hypothesis, in accordance with which in these other cases experience may annul a sensation. But what becomes of our perceptions if they are susceptible of being annulled by contrary representations? Since, in all cases, it is experience which decides as a last resort, to suppose that the notion is formed from the commencement as an effect of experience alone seems to me much more simple than to suppose the presence of sensations whose effects experience will have to combat in the majority of cases.

On the other hand, the divers systems of hypotheses which have erected to reconcile in succession the facts with the naturalistic theory are perfectly useless. We as yet know no single fact which is irreconcilable with the empirical theory; now, this presupposes no anatomical structure impossible to demonstrate, it does not demand of the nerves that they should act otherwise than they do every where else; it is founded solely upon the knowledge of the mechanism of the association of notions and of representations, a mechanism with which every day experience has made us sufficiently acquainted. It is true that a complete explanation of the psychical functions has not yet been given, and that it probably will not be given very soon. But, since these functions exist in fact and since no form of the naturalistic theory has been able to explain all without invoking them at times, every just spirit will have to avow that psychological facts may serve as a perfectly legitimate base for the theory of vision, although we have not as yet been able to construct a perfect theory for these same facts.

Among the notions which we have of the external world, it is impossible to place a boundary between that which is attributable to immediate sensation and that which is founded on experience. Whatever be the boundary line at which we stop, cases are still always found where experience takes on a character of immediate precision and accuracy which put upon the second plane that which might be considered as an immediate result of sensation.

The empirical theory alone escapes all the contradiction of this kind. We have seen, in fact, that it considers all notions of space as resting on experience; it supposes that the local signs of our visual sensations, along with the qualities of these sensations, are nothing else than signs, the signification of which habit teaches us to interpret.

Now, the interpretation of these signs becomes easy to us only by observing the modifications which prove them viz: either our changes of position, or the movements which we give to external objects. The infant commences at first by playing with his hands; he does not yet know how to direct either his hands or his eyes towards the colored objects which attract his attention. Later he tries to take hold of objects, he turns and overturns them in every way, looks at them, tastes and feels of them on every side. He prefers the simplest objects; the most primitive playthings are more successful with him than the most refined inventions of modern industry. When, after having looked at his plaything frequently for some weeks, the child knows it in all its aspects, he throws it away and wants a new one. In this way he learns to know the different visual images furnished by the same object, in relation with the movements which his little hands can impress upon it. The corporeal representation thus obtained consists of the aggregation (*ensemble*) of all these visual images. When we have conceived an exact notion of the form of any object whatever, this is sufficient, in fact, to put our imagination in a condition to represent to us the impression which this object would give us by varying its position or our point of view. All these notions are included in the representation of the form of the object, and we can deduce them from it when we think of the movements which it would be necessary for us to make to obtain in reality these different aspects.

When we look at stereoscopic images we may often remark a phenomena well fitted to confirm what I have just said. It is often difficult to fuse immediately linear designs of complicated crystalline forms. I commence then by seeking in the first place for two corresponding points, and I try to fuse them by a voluntary movement of my eyes; but, so long as I have not apprehended

the signification of the images, my eyes lose hold every instant, and the fusion is not maintained. But if I set myself to following with my sight the different lines of the figure, there comes a moment when I suddenly apprehend the corporeal form represented, and from that time my two visual lines run over the contours of the apparent body without the least difficulty, without ever again becoming disassociated. After the exact representation of the form of the body is manifested, there follows the reign of the movements of the eyes necessary for the vision of this body. To execute these movements is, so to speak, to translate our representations into the language of the real world; now, our representations being themselves a translation, we see that when, by our motions, we obtain the images which we expect, we make an experimental verification of the accuracy of our representation.

I think that what we have just seen is very important. The interpretation of our sensations rests upon experience, and not upon the simple observation of what passes externally. Experiment teaches us that the relation between two phenomena exists *at whatever moment* we may choose, and under conditions that we may change at our will. It teaches us the existence of a permanent relation of cause to effect, the constancy of this relation being demonstrated by this circumstance, that we can verify it at any minute. Even observation, repeated often under the most varied conditions, can scarcely attain such a degree of certainty. It teaches us, indeed, that the phenomena whose relation we study are often or always beheld together, but it does not prove that it must necessarily be always so with them. If we take, for example, those sciences of observation which have attained the highest degree of perfection, such as Astronomy, Meteorology or Geology, we find that the knowledge of the causes of phenomena attains a degree of perfect certainty, only when we have been able to make the same forces act experimentally in our laboratories. The non-experimental sciences have revealed to us, up to the present time, no new force; I think that here is a fact which is not without importance.

It is clear that habit enables us to arrive at an interpretation of the local signs sufficient to deduce from them all the results sus-

ceptible of being verified by experience, that is to say, all the *real contents* of our notions. We have admitted, up to the present time, that the notions of space and of motion were obtained primarily by touch. It is evident that the only thing which we could learn at first was, that our voluntary motions produce modifications perceptible by sight and touch. The majority of these changes, which we can produce voluntarily, are only modifications in space, that is to say motions; we may certainly also by this means produce other changes inherent in the objects themselves. Are we able, without knowing it before hand, to recognize that the movements of our hands and eyes are indeed displacements of these organs, and not confound them with modifications of the objects themselves? I think so. The relations of space have this peculiarity that their modifications depend in no degree upon the nature of the body, while all other real relations between objects depend upon their qualities. It is as it regards vision that it is the easiest to assure ones self of this immediately. Whatever be the contents of the field of vision one self same motion of the eye, which produces a certain displacement of the retinal image, produces always the same series of changes; this motion causes the impressions which produced the local signs $a^0, a, a^1, a^2, a^3 \dots$, to produce then the signs $b^0, b, b^1, b^2, b^3, \dots$; and this always takes place in the same way, whatever be the qualities of these impressions. This suffices to characterize these changes, to cause their peculiar nature to be recognized, and to assure us that they are changes in space. Experience, upon which we found our theory, finds here then a sufficient basis, and we have no need to consider the question of what, in the general notion of space, is given priori or a posteriori.

Some may consider the existence of illusions of the senses an objection to the empirical theory, and say that, if it is experience which has taught us to interpret our sensations, this interpretation ought always to be in accord with experience. We answer thus: When abnormal circumstances modify the retinal images, we continue to represent external objects to ourselves in such a manner as would give exact results in normal conditions, and this is what occasions the illusions in question. Now, in order that the manner

of observing should be normal, it is not sufficient that the rays of light arrive without deviation as far as the cornea; it is still further necessary that the eyes should perform their functions in such a manner as to give the sharpest and most easily recognizable images. This demands that the different points of the contours of the object should be depicted successively upon the centres of the two retinas, and that we should cause our eyes to execute the motions which we call normal because they are the best fitted for the exact comparison of positions. When one of these conditions is departed from, illusions are produced. The longest known are those which are presented when the rays of light undergo a refraction or reflection before entering the eye. But the imperfect accommodation when we look through one or two little holes, an incorrect convergence during monocular vision, a displacement of the eyeball produced by a pressure of the finger, a muscular paralysis, &c., may all cause illusions relating to the position of objects. They may result also from an incorrect appreciation of certain elements of the sensation, such as the degree of convergence of the eyes, whose evaluation may easily be falsified by muscular fatigue. All these illusions are governed by this simple rule that *we always think that we have before us objects such as they must be to produce the same retinal images when the observation is normal*. If the images are of such a nature that similar ones could never be produced during normal observation, the judgment is governed by the normal observation which approaches it most nearly, and then we neglect most easily those elements of the sensation which are perceived with the least degree of certainty. When several interpretations are equally possible, we oscillate ordinarily from one to the other: but then it is possible to suppress this hesitation by striving to make as vivid a representation as possible of the image such as we wish to see it.

All this rests evidently upon what we may call false inductive conclusions. It is a question of reasonings where we do not consciously take account of analogous anterior observations, or do not weigh the influence which these facts ought to have upon the conclusion. It is for this reason that I have given them the name of *unconscious reasonings*; and if this denomination, accepted since

by other partisans of the empirical theory, has shocked certain minds, it is because we have been in the habit of considering a reasoning as the highest manifestation of the conscious intelligence. Far from this, the reasonings which play so great a roll in our perceptions, can never be expressed under the logical form to which we are accustomed, and it is necessary to depart a little from the beaten roads of psychological analysis to assure ourselves that we have really to do here with an operation of the mind similar to those which we encounter in ordinary reasoning.

The difference between the reasonings of logicians and the inductive reasoning upon which rest the notions which the senses give us of the external world appears to me to be purely apparent, and seems to consist in this, that the first are susceptible of being expressed, which is not the case with the second, which, in place of words, are constituted only of sensations and memories of sensations. It is precisely in what it has to do with reasonings which words cannot express, that the difficulty resides which we experience in studying this whole chapter of the operations of the mind or even in speaking of them.

(Concluded in our next number.)

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Miscellaneous.

The Proper Definition of the Word Cure, as applied to Medicine.

By PAUL F. EVE, M. D., Professor of Operative and Clinical Surgery in the University of Nashville, Tenn.

"To the unprofessional, the science of medicine consists in studying names for diseases, and prescribing remedies. People come to us to find out what ails them, and to obtain what they believe will cure them. They never consider that every case is a problem to be solved for itself, requiring special examination, due deliberation, and study; and then, after all, it may embarrass the most skilful, demanding consultation to determine what is best to be done. A doctor versed in the nomenclature of his profession is always preferred to one familiar only with therapeutics, as everybody is ready to prescribe the well-known remedies for any disease, however obscure or formidable.

A morbid condition is never considered to be a modification of the natural phenomena of life—simply a perversion of the healthy

functions—but is attributed to some noxious agent in the system, a certain something superadded, which must be removed, or counteracted by appropriate medicines, before health can be restored. For instance, an inflamed finger suggests the name of whitlow, and, without inquiring into the cause producing it—ailke regardless, too, of constitutional peculiarity, the age, sex, habits, season, state of health, stage of inflammatory action, or what tissue may be affected, whether the skin, the cellular tissue, sheath of the tendons or the periosteum, etc., simply because it once did good in a case, a small fly-blister (it may be) is recommended, with the most positive assurance that, in six hours, the *felon*, the source of all the pain, may be taken out with the point of a needle or scalpel.

The less medicine a physician prescribes the more unpopular he becomes; the more he trusts to the efforts of nature, in relieving his patients, the less will he be appreciated; and he who ventures to decide, in any case, that the best thing to be done for it is nothing at all, may as well at once retire from practice. Yet is the assertion most true, the older a practitioner becomes, the less confidence has he in medicines; and, as a class, it is proverbial how little physic doctors take themselves.

In a recent discourse to his church, a minister of this city, and he holding a medical diploma, made the ungracious imputation upon us for attending calls upon the Sabbath, because said he, such patients ought not to be indulged on that day; but even he writes: "The doctor cannot always diagnosticate a *cure*." Again, he has "devoted years to accumulating knowledge on the subject of *curing diseases*."

That this is a true description of medicine in the estimation of the public, no one, we think, will deny. The whole of our science, if they admit we have any at all, consists simply in finding out what ails the sick, and then trying to cure him by remedies for his disease.

In yielding to popular prejudice, our profession has been placed in a false position, for which we ourselves are not wholly blameless. Practitioners of medicine are looked upon as curers of diseases and healers of wounds; and if we fail—as assuredly we must, and ever will, in the nature of things—we ought not to complain that efforts are occasionally made to hold us responsible for bad results in practice. It is certainly the interest of our patients to do so, and as the world is now estimated by a moneyed valuation, these suits must be expected. Counting, then, the number of cases of alleged mal-practice, the question naturally arises if the time has not come for us to take the true position, that one by which this unpleasantness can be prevented, sustained, too, as it is, by truth, the aim of all honest men, and sanctioned by the highest of all authority—viz., *that in caring for the sick we do not profess to cure them*. No minister of the gospel promises to save

the souls of his hearers by his preaching, or by any other human means; nor can any surgeon produce the plasma to heal the slightest wound, no obstetrician deliver a woman, nor any physician restore a patient to health, without the *vis medicatrix naturæ*, or what we more familiarly term nature. If the patient have not the constitution, the power within himself, to resist morbid action, no man living can give it to him. Then why shall we assume, or encourage the prevailing opinion that we cure—we heal! Away with all false pretensions—the arrogant assumption of functions beyond the power of man; and let us be thankful that we are even humble instruments in the great and good work of promoting health and prolonging life; ever acknowledging, as we should, that it is God alone who healeth *all* our diseases.

In this definition of the word *cure*, as applied to medicine, it is not denied but that there are therapeutic agents much better adapted to relieve certain affections, or morbid conditions of the body, than are others; or that it is wrong to search after, or to engage in preparing such medicines. The great probability, however, is, that there are no specifics. Mercury, we admit, is apt to salivate; sulphur to destroy the source of the itch; atropia to dilate the pupil; acids to neutralize alkalies, and quinine to prevent chills and fever, etc., but as diseases, some of which are self-limited, vary according to season, latitude, condition of patient, their progress, etc., so there can never be a remedy for any one of them, and no such thing as a *cure*. The world is now about six thousand years old, and does not yet acknowledge one. The offer of thousands upon thousands of francs, by Monsieur Briant, of Paris, for a cure for cholera, has not yet been awarded, and it may safely be predicted never will. For, as every one is recognized by his own peculiar countenance, so may it reasonably be inferred that he also possesses a special organization, a constitution and sytem *sui generis*, distinct and different from all others. Daily experience teaches that what is food for one man may poison another. No medicine whatever will affect any two persons precisely alike. Even the number of actions from a dose of salts, the most astute physician will not venture to predict. How, then, can it be possible, from these indisputable facts, the idiocyncracies of individuals, and variability of diseases themselves, even in epidemics, to prescribe for the mere name of affections. Yet those who do this are legion, and their advertisements alone, independent of the sales of proprietary medicines, ought to be sufficient to support a pretty strong government.

By the definition of the word, "*cure*," as applied to medicine proposed and advocated by this communication, let it not be inferred that modern practice is a do-nothing system. By no means; far different. It does not simply amuse while nature cures. Knowing how little can be done when the house is in flames, we are bestowing more attention to hygiene and the preservation of health.

If it cannot cure, it obviates the necessity for resorting to too much medicine. Its master-work is the *prevention* of diseases, by investigation into their causes. When cholera was announced, a few years ago, to have been imported into Blackwell's Island, New York harbor, the Faculty of that city proposed to extinguish it in five days. By disinfectants, cleanliness, and putting the patients into tents, etc., in three days the threatened epidemic was at an end.

We are aiming, not to cure, as people will insist we are, but rather to extinguish the spark, to check the incipency of attacks, to cut short, to divert morbid action. *Obsta principiis* is our motto, and medical science teaches that we do abort, jugulate, arrest, and thus control, many ills that flesh is heir to. Then, by the more chary use of the word "cure," in its application to the practice of medicine, our profession will be better understood, our patients expect less from us, we will be acting more honestly, and consequently made happier. Truth should ever be our aim, and if in error, a candid confession will do us good, and it is no reflection to acknowledge that the province to cure the body, like the salvation of the soul, belongs alone to him who made them." (*Richmond and Louisville Medical Journal.*)

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The Synovial Membranes in Pyæmia.

By ROBERT HAMILTON, F. R. C. S., Liverpool.

"After a brief account of the views at present held by the majority of writers on pyæmia, as to the origin of the morbid changes found in this disease, the author dwelt upon the fact of the synovial membranes being generally attacked in pyæmia. This circumstance had not, hitherto, attracted sufficient attention, though it was extremely probable that the first step in those forms of surgical pyæmia commonly met with in hospital practice, was to be found there. All the cases occurring at the Liverpool Southern Hospital, for the last thirteen years, of which particulars had been kept, had some joint-affection. In some, the pathological changes in the joint were slight, in others most extensive. That the disease observable in the joints began in the synovial membrane, was rendered probable from the character of the pain, and from the appearances found after death.

The poison of pyæmia, as observed in hospital practice, was *sui generis*. Whether generated in the system from a combination of constitutional and surrounding conditions, or entering as a specific germ through a wound, it had a special affinity for certain structures, and to these it passed at once. The structures were assumed to be the synovial membranes. In what this affinity or attractiveness consisted we were as yet ignorant, and could but illustrate it by what took place in other diseases, such as the cholera poison,

and the scarlatinal poison, or the producer of tetanus; whether it is a something evolved within the system, or introduced from without, it went at once to certain nerve-tissues, and in them created changes which set up other morbid action. Many drugs illustrated the same fact. Strychnia, when swallowed, or when subcutaneously injected, had but one form of action—it affected nerve-tissue only.

The strong analogy between pyæmia at the commencement, and acute rheumatism, had often been observed. In both there were the rigors, the fever, the rapid pulse, the profuse sweating; but, above all, there were the pain and swelling of one or more joints. It seemed probable that, in both, an entity had entered the system, whose habitat is the joints. It was not known in what consisted the difference between the two poisons, so that the one, as a rule, eventuated in recovery, and the other in a train of pathological changes whose termination was death.

In both cases the tissue first affected was the synovial membrane. The abnormal action induced in it led to an increased secretion of synovia, probably unaltered in its character and constituents in rheumatism, but abnormal in pyæmia.

In the case of the synovial fluids there was, in most joints, a limit to its quantity; so tightly was the synovial sac compressed by the yielding tissues, that an amount of tension quickly ensued, which led to a forced absorption of some of the effused fluid, and then ensued in acute rheumatism, and probably, as a necessary sequence, an extension of the disease to other synovial sacs, and often to the pericardium, a serous membrane, but closely allied, in its nature, to a synovial membrane.

This augmented synovial fluid, in rheumatism, was bland and innocuous—a mere increase of the natural secretion; but, in pyæmia it was in a decomposing state, developing rapidly germs of a lower organization, and when such a fluid had been absorbed, and in its course reached the minute capillaries of the lungs, some of its morbid cells coagulated the fibrine of the blood there, and became arrested, and thus were formed the nuclei with which the lungs were studded, around which more fibrine was deposited, and the pathological changes followed, as described by Virchow and others.

In conclusion, the author stated that, in limiting the paper to a consideration of the fact of the synovial membranes being the tissues first affected in many forms of pyæmia, he had not lost sight of the probability of many other phases of pyæmia having their beginnings in one or other of the serous membranes, these two membranes being closely allied in their microscopic characters.—*London Medical Press and Circular*, June 5th, 1872." (*Nashville Journal of Medicine and Surgery*.)

ITEMS AND SELECTIONS. *By E. N. Brush.*—Dr. Edwin Payne, M. R. C. P. Lond., (*London Lancet*,) speaks of the use of Hydrastis Canadensis as pleasant and painless lotion in Cancer. The strength in which it was used was a drachm of the tincture to eight ounces of water.—Dr. R. J. Levis reports in the *Philadelphia Medical Times* a successful case of treatment of Aneurism of the external iliac by complete compression. Total arrest of circulation was affected, and continued during profound anæsthesia by ether, for five hours and a half. The patient showing at this time some signs of exhaustion, the compression was discontinued. Slight pulsation continued until the seventh day, when it was evident that pulsation had ceased and that the tumor was much shrunken. The author draws the following conclusions: 1. That aneurism of the external iliac artery may be amenable to treatment by complete compression of the vessel in a brief period. 2. That total arrest of pulsation can be effectually made by mechanical means. 3. That compression of the external iliac at the cardiac extremity of the aneurism, probably even where aneurismal dilatation exists at the seat of pressure, and without the aid of aortic compression, may be sufficient for the cure. 4. That anæsthesia is essential to such treatment, and that prolonged etherization does not prevent coagulation of the blood. 5. That pulsation may not cease entirely for some days, even when a coagulum has been fully formed. 6. That reduction in size of the aneurismal tumor, by shrinking of the clot, is more rapid and complete when cured by total compression than when the cure is effected by slow deposit of fibrinous laminæ in the gradual or partial compression. 7. That the treatment of aneurism of the external iliac by the method of complete compression is the safest and most reliable, and should be generally adopted.”—Dr. M. N. Miller in the *Medical Record* reports two cases Mydriasis, which were accompanied by gastric and intestinal irritation, and which were cured by removing these troubles. The trouble in one case was obstinate constipation, the dilatation of the pupil being relieved after active purgation. The other case yielded to treatment directed to intestinal parasites.—The Publishers of the *Philadelphia Medical Times* propose to issue their Journal weekly instead of twice a month as heretofore. To meet the additional expense the price has been advanced to five dollars per year.—We learn from the *Record* that a death from ether has recently occurred in the Bellevue Hospital.

Dr. Julian J. Chisolm of Baltimore reports in the *American Journal of Medical Sciences* a complete removal of the iris during a fight by the finger nail of an antagonist without any injury to the sight.—Dr. Samuel C. Bussey of Washington, D. C., reports (*American Journal of Obstetrics*) three cases of obliteration of the Cervix Uteri which have come under his observation, to support the views of Prof. Isaac Taylor of New York.—Dr. G. H. Bixby of Boston (*Journal of the Gynecological Society*) reports the suc-

cessful removal of an ovarian tumor weighing not far from thirty pounds from a woman aged forty-five. The operation was delayed half an hour, after some of the cysts had been brought to light and emptied, by the threatening aspect of the patient. After the injection of two ounces of brandy into the rectum and the application of the poles of a galvanic battery to the palms of the hands, the patient rallied and the operation was proceeded with.

Eight weeks after the operation the patient performed a journey of more than one hundred miles in the cars.

We can not but notice the extreme caution displayed by the surgeon to have everything on hand which might be needed by the patient, or during the course of the operation. He divides the preparations into two heads. 1st. the duties of the friends at the house, under which he enumerates the preparation of some thirty three different articles for the use of the patient.

2nd. The duties of the surgeon. Under this head he enumerates in order some forty-three different articles for the use of the surgeon and his assistants.

Dr. Lowenberg of Berlin, advances a new and ingenious Method of removing foreign bodies from the ear. The tip of a pencil of charpie is dipped into some joiners glue; the pencil is then carried into the ear carefully until it rests slightly against the foreign substance. The patient is cautioned to remain quiet for from three quarters of an hour to an hour, when the pencil may be removed bringing with it the foreign substance. —We notice that a recent discussion in the Buffalo Medical Association in regard to Cerebro-Spinal Meningitis in which its characteristics, name, treatment, etc., were some what fully discussed, has attracted attention in England and is spoken of in *The Doctor* one of our most excellent exchanges. —A very interesting clinical lecture on Lithotomy by Prof. Humphry, F. R. S. is published in the *Lancet* for September. In speaking of the instruments he gives the following excellent advice: "It is advisable to adhere to a few instruments, just as it is advisable to adhere to a few remedies. The man who uses a few weapons is more likely to wield them skilfully than he who tries, and so perplexes himself with many."

The *Washington Evening Star* in commenting upon the mortality among the children as shown by the recent mortality tables prepared by Dr. J. M. Toner uses the following language:

"In view of the appalling proportion of infant mortality, especially in our large cities, shown by the statistics above referred to, Dr. Toner some time ago called attention to the necessity for adopting some general measures for checking this vast waste of infant life. We have various humane institutions, insane asylums, &c., to alleviate the sufferings and lengthen out the lives of the wrecks of humanity, but we have literally nothing to stay the immense waste of life of the hopeful young, full of great promise. It is cer-

tainly better to provide for the preservation of the lives of those who will grow into usefulness, than to confine all our humane efforts to guarding the health of the hopeless shattered wrecks."

Prof. Parvin, one of the editors of the *American Practitioner* has resigned his position as Prof. of Medical and Surgical Diseases of Women and Children in the University of Louisville.——Professor Linton for many years the chief editor of the *St. Louis Medical Journal* and its originator died at St. Louis on the 2nd of June, Dr. Linton graduated in 1835 and has been in the active practice of medicine since that time.

He for many years held the position of Professor of the Principles and Practice of Medicine in St. Louis Medical College.

Prof. Linton had been in ill health for some time and his decease although it will be somewhat of a shock to his distant friends had been expected for some time by his immediate circle of acquaintances.

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Editorial.

Inferior and Impure Drugs.

Few physicians but are almost daily reminded of the great differences in the qualities of drugs, and yet we believe that few are sufficiently alive to the personal interest they have in the purity of the remedies they prescribe. The drug market is now made to suit the different grades of trade, and the name under which many articles are sold scarcely indicates anything of the nature of the drug. The reputation and success of a physician depends upon the qualities of the remedies dispensed almost as largely as upon his knowledge of disease, and many a patient leaves his medical adviser discouraged and unrelieved, who would have adhered to him with life-long confidence had his remedies been pure and reliable. In the cities, physicians are apt to leave this question of the purity of medicine with the druggist compounding their prescriptions. Alas! have left it without proper inquiry as to its purity and reliability.

In Buffalo we have as carefully selected medicines as the market affords, and we also have the lower and cheaper grades; that is, cheaper to the druggist, but never any cheaper, so far as we could learn, to the patient. The public know nothing of the value of medicines and are obliged to trust wholly to the fairness and judgment of the druggist or drug clerk. This being the case, the family physician is under every obligation to see that patients are treated fairly—that nothing unreasonable in price, and above all, nothing inferior in quality is sold to them, otherwise decoctions costing almost nothing will some-

times be furnished at the price usually charged for the same number of ounces of the most expensive solutions, and their prescriptions filled with inferior drugs. Our friends in the country may take warning, and with profit to themselves and patients EXAMINE, with greatest care, into the comparative and positive qualities of what they buy. If opium is bought as low in price as it can be, it is as poor as it can be. If Chloral is obtained below the market price of the very best, it is not the best chloral, and if Iod. of Potass. is now bought at former prices, it is not Iod. of Potass. But it is not the price of medicine, but its purity, and the duty of physicians in protecting communities from the competitions of trade, which we have mainly in view in these remarks. It is well for physicians not to interfere with the conveniences of patients in purchasing their medicines further than necessary to insure the very best of articles in the compounding of their prescriptions. This much is of untold importance to all parties—physician, patient and apothecary.

Buffalo State Asylum for the Insane. Laying of the Corner Stone.

The corner stone of the Buffalo Insane Asylum was laid Sept. 18th with appropriate Masonic honors by M. W. Christopher, G. Fox, Grand Master of the State of New York, in the presence of a large number of Masons of the city and vicinity. Governor Hoffman was present on the occasion and a large number of invited guests, among whom we noticed the Mayor and several members of the Common Council, the clergy and members of various organizations. The exercises were opened with a prayer by the Rev. Dr. Lord following which was an appropriate address, by this Excellency Gov. Hoffman.

At the conclusion of the Governor's address Prof. James P. White, M. D., President of the Board of Managers in a few well chosen remarks invited the Masons to lay the corner stone which was accordingly done with appropriate honors.

§ The Oration of Hon. James O. Putnam which was to have been delivered on the occasion was omitted on account of the ill health of the orator and the inclemency of the weather. We had, however, the pleasure of reading the speech as published in the daily papers and were much pleased and instructed in its perusal. The exercises were agreeably varied by music by the regimental bands which together with the military under command of Generals Howard and Rogers acted as an escort to Gov. Hoffman and the masonic lodges.

The work on the Insane Asylum has progressed quite rapidly under the direction of the efficient board of Managers.

The foundation for the central building and two of the wings has already been laid and the walls erected to a considerable extent. In a short time Buffalo will have an Insane Asylum, which for accommodation of the insane and beauty of situation will rank second to none in the United States.

The citizens of Western New York should acknowledge their indebtedness to Prof. James P. White of Buffalo as chiefly instrumental in the origin and location of this great State charity.

SAD BEREAVEMENT.—The papers announce to us the sad intelligence that Lieutenant Reid T. Stewart of the Fifth U. S. Cavalry met his death on the 28th of August at the hands of the Indians, near Tuscon, Arizona. Lieutenant Stewart was the son of Dr. J. L. Stewart of Erie Pa. He graduated at West Point in June 1871 and in November of the same year entered upon his duties in Arizona. He was beloved and honored by his comrades in arms by whom his loss will be severely felt. At the time of his death he was but a little more than twenty-one years of age. The sad bereavement of the parents is something too sacred to be spoken of in common words. We extend to them our heart felt sympathy.

COMMENCEMENT OF THE COLLEGE-COURSE.—The Preliminary Term in the Buffalo Medical College will commence on Wednesday, Oct. 9th. This term is to a large extent devoted to Practical Anatomy; Clinical lectures will however, be given in the Hospitals by Professors Rochester and Miner on Wednesday and Saturday of each week. The regular Term of Lectures will commence Nov. 6th. From present indications an unusually large class may be expected.

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Books Reviewed.

System of Surgery. By SAMUEL D. GROSS, M. D., LL. D., D. C. L. Oxon. Fifth Edition. In Two Volumes. Philadelphia: HENRY C. LEA, 1872.

The *System of Surgery* by Gross has long been familiar to the medical public, both in our own and other countries, so that there is little occasion for any lengthy notice. There are changes in this addition which we take great pleasure in noticing. It has been enlarged both in the size and the number of its pages, and is illustrated by upwards of fourteen hundred engravings; nearly every subject is thus made plainer and more easily understood. New subjects are introduced, and the chapters generally extended. Ophthalmology of which comparatively little was said, receives in this edition the consideration which it deserves in a Surgery of such magnitude and scope, and the general surgeon will find it complete so far as his wants, at least, require. The same may be said of Laryngoscopy and diseases of the throat; it is wholly adequate as a practical guide. Every other topic of special surgery has received

consideration to a degree sufficient to make the work almost a complete guide in all departments.

This great American Surgery is justly a national pride, and its distinguished author a national honor. It is our American Standard, and Surgeons compare and estimate everything by it. We do not mean to say that every part of its teaching is truth, and that all else differing from it is error, or that it contains all that is known upon the various subjects of surgery, but it is certainly the most comprehensive, clear and satisfactory surgical guide within reach of the surgeon and student. The illustrations are excellent and well chosen—the text is clear and easily understood. It is extensive in its scope, and includes nearly every surgical subject; in a word, it is a complete System of Surgery.

We cannot omit in this connection to speak of the elegant and substantial style of its publication. It is matter for congratulation both to the author and profession that this valuable work is published in style to do honor to it, as well as the publishing house of Henry C. Lea.

The Correct Principles of Angular Curvature of the Spine. By BENJAMIN LEE, A. M., M. D. Philadelphia: J. B. Lippincott & Co., 1872.

The labors of such men as Drs. Davis, and Taylor and Lee have done much to rescue the treatment of Spinal Curvature from that system of barbarity with which it was formerly treated. The setons, issues, moxas, &c., with which diseases of the spinal column were treated; together with the species of support (?) which it was made to undergo may now be viewed with a curiosity and horror almost equal to that with which we would gaze upon the wheel and rack of the days of the inquisition.

The application of the mind of the scientific physician to the department of mechanical support to the spine has produced such results that we can unhesitatingly say with the author: "first, that an *early recognition* of the disease will in a great number of cases enable us to arrest it *before deformity has been produced*; secondly, that *mechanical treatment* is of vastly more importance than medication."

This little work is divided into two parts—Antero-Posterior Support, and Modified Suspension.

We are glad to see that the author repudiates the idea once so generally accepted as to the tubercular nature of diseases of the spine. The clinical and post mortem observations constantly being made are directly contradictory to this theory, and we hail with pleasure the time when it will cease to occupy the minds of medical practitioners.

The cases related in this work are plainly stated and the observations clearly drawn.

We have been highly pleased in its perusal, and would recommend it to any of our friends seeking information concerning Angular Curvature of the Spine.

Lithotomy and Lithotrity. Illustrated by cases in the practice of
GORDON BUCK, M. D. New York: Wm. Wood & Co., 1872.

Dr. Buck gives in this monograph an expression of his views in regard to Lithotomy and Lithotrity, strengthened and illustrated by cases which have occurred in his practice during a long series of years.

The author divides his cases into groups, as follows :

Group I. Comprises cases in which the moderate size of the calculus, and a favorable condition of the urethra and bladder, as also of the general system, indicated lithotrity as preferable to lithotomy. Under this head are enumerated twenty-four cases.

Group II. Comprises cases where the stone was large, though soft; the bladder healthy and the urethra capacious—a concurrence of circumstances permitting the successful employment of lithotrity. Under this head seven cases are cited.

Group III. Comprises cases in which, from the unfavorable condition of the bladder or urethra, or from the large size and hard composition of the calculus, lithotomy should be resorted to in preference to lithotrity.

The cases reported under this group are fourteen in number, and may be arranged as follows :

One case was, after trials by lithotrity, advised to submit to lithotomy, but the operation being postponed till cool weather, the patient died in the mean time. Six cases by lithotrity proved fatal. One case in which ten operations by lithotrity had been performed, was submitted to the operation of lithotomy as a last resort, but this proved fatal. Six cases by lithotomy (two boys) proved successful.

Of the forty-five cases operated upon forty-one were males and four females. Five of the forty-five had relapses, which might fairly be regarded as the result of new formations. In these five cases twelve relapses in all occurred, making an aggregate of fifty-seven cases. "Six, after trial of lithotrity, were abandoned to lithotomy, of whom one declined and five submitted; of these four recovered and one died. Two were relieved and passed out of notice. Thirty-nine recovered. Eight died—seven males, one female."

The observations in regard to the mode of operating, number of operations, etc., etc., are well made and give evidence of thought and observation. That the paper contains much valuable and interesting matter no one who gives it his careful attention can fail of observing.

Diseases of the Throat. A Guide to the Diagnosis and Treatment of Affections of the Pharynx, Oesophagus, Trachea, Larynx, and Nares. By J. SOLIS COHEN, M. D. Illustrated. New York: WM. WOOD & Co., 1872. Buffalo: T. Butler & Son.

The treatment of diseases of the throat and air passages for many years has been or rather was the especial aversion of physicians. Lacking many, in fact all, of the modern appliances to aid diagnosis and treatment. With none of the well written monographs and text books of the present time to guide them, the treatment of diseases of the throat had been both unsatisfactory to physicians and without benefit to their patients. Within the last decade rapid strides in advance have been made in this department of medical science. The attention of scientific investigation has been directed to this class of diseases, and the results will compare favorably with any that have been achieved in other fields of labor. New laws have been discovered, and new applications of old ones been made. New instruments and appliances have been invented and the results of observation have been recorded in several very excellent monographs and hand books. Foremost among the students of this class of maladies in this country has been Dr. Cohen, who has already placed the profession under many obligations to him for his well-made and carefully recorded observations. The need of a complete text-book by an American author for American physicians has long been felt, and the appearance of Dr. Cohen's work will be hailed with feelings of delight by the profession, which we are sure will not be disappointed by careful and close observation. The work is divided into fifteen chapters, with extensive references upon subjects treated on in the text. The first seven chapters treat of diseases and affections of the throat, the remainder of the work is devoted to affections of the tonsils, palate and uvula, pharynx, oesophagus, nasal passages, frontal sinus, larynx and trachea, and to diseases of the neck affecting the deeper tissues of the throat secondarily. Dr. Cohen treats his subjects in a pleasing and intelligent manner and in language which will be readily understood by the general practitioner as well as by the specialist. The text is in clear plain type, and the illustrations are well made and aptly chosen. The publishers have in their fine style placed a book in the hands of the physician which, while being of much intrinsic value, will be an ornament to his library.

A Manual of Qualitative Analysis. By ROBERT GALLOWAY, F. C. S. From the Fifth Re-written London Edition, with Illustrations. Philadelphia: HENRY C. LEXA, 1872.

This work has been so long before the public and has been so favorably received and mentioned that it seems needless for us to give it anything of an extended notice.

The work is eminently practical in character, and has fully accomplished the author's object to furnish a guide for those commencing the study. It has in some respects accomplished more than this, and may be consulted with advantage by more advanced students.

This work is constructed on a plan to make the student "compare, distinguish, judge; so that thus, instead of being a recipient, he may become an intelligent and active discoverer."

Archives of Ophthalmology and Otology. Vol. II. No. II.

New York: W. Wood & Co., 1872.

This able Journal, of which Prof. Knapp, of New York, and Prof. Moos, of Heidelberg, are the accomplished editors, has, with this number, completed its second volume, and may be considered as established in its position among the medical periodicals of the day.

The Journal is too widely circulated and has been too long before the public to need an extended notice. We can simply say to our readers who are desirous of keeping pace with the advances being made in ophthalmology that this Journal is admirably suited to their wants.

Messrs. Wood & Co., the gentlemanly publishers, will be pleased to receive subscriptions. Their address is 27 Great Jones St., New York City.

Books and Pamphlets Received.

Hysterology: A Treatise, Descriptive and Clinical, of the Diseases and Displacements of the Uterus. By Edwin N. Chapman, M. D. New York: Wm. Wood & Co., 1872. Buffalo: T. Butler & Son.

Prescription and Clinic Record. New York: Wm. Wood & Co.

Thermic Fever, or Sunstroke. By H. C. Wood, Jr., M. D. Boylston Prize Essay. Philadelphia: J. B. Lippincott & Co., 1872. Buffalo: H. H. Otis.

The Ten Laws of Health; or, How Disease is produced and how it can be prevented. By J. R. Black, M. D. Philadelphia: J. B. Lippincott & Co. 1872. Buffalo: H. H. Otis.

The Anatomy and Development of the Rodent Ulcer. A Boylston Medical Prize Essay for 1872. By J. Collins Warren, M. D. Boston: Little, Brown & Co., 1872.

Catalogue of the Graduates and Officers of the Medical Department of the University of the City of New York. Published by the Alumni Association.

Transactions of the Medical Society of the State of Pennsylvania, at its twenty-third annual session, at Franklin, Pa., June 1872. Published by the Society.

Transactions of the Minnesota State Medical Society, held at Minneapolis, Minn., June, 1871.

Transactions of the State Medical Society of Michigan, held at Grand Rapids, June, 1872.

Transactions of the Illinois State Dental Society, held at Chicago, May, 1872.

Annual Report of the Connecticut School for Imbecils at Lakeville, Conn., 1872.

The Hallucinations of Childhood. By H. M. Knight, M. D., Lakeville, Conn. Reprinted from Proceedings of the Connecticut State Medical Society.

Report on the Museum for the Exhibition of The American Association in Philadelphia, and the Contributions from California. By Thomas M. Logan, M. D.

Medico-Legal Science. By Thad. M. Stevens, M. D., Indianapolis, Ind. Reprint from Transactions of Indiana State Medical Society.

Remarks on Leucorrhœa. By D. M. Clay, M. D., of Shreveport, La. Reprinted from American Practitioner, Aug., 1872.

The Physician and Surgeon. Vol. I. No. 1. Published monthly under the auspices of The College of Physicians and Surgeons, Baltimore.

Annual Announcements for the Session of 1872-73 of The Bellevue Hospital Medical College, New York; The Medical College of Ohio, Cincinnati, O.; St. Louis Medical College, St. Louis, Mo.; The Medical Department of The University of Pennsylvania, Philadelphia, Pa.; The Medical Department of the University of Trinity College, Toronto, Ont.; The College of Physicians and Surgeons of The Syracuse University, Syracuse, N. Y.; The Medical Department of the University of Louisiana, New Orleans, La.; The Medical Department of the University of Vermont, Burlington, Vt.; The College of Physicians and Surgeons, N. Y.; The Starling Medical College, Columbus, O.; The College of Physicians and Surgeons, Keokuk, O.; The National Medical College, Washington, D. C.; The Pennsylvania College of Dental Surgery, Philadelphia, Pa.

B U F F A L O

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Original Communications.

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ART. I.—*Forensic Medicine. Thesis.* By CHAS. B. KNOWLTON.

Published by vote of the Faculty.

Forensic Medicine, the science which applies the principles and practice of the different branches of medicine to the determination of doubtful questions in courts of justice. As the term implies, it is a mixed science, in which, the practitioners of both law and medicine have a common interest.

In speaking of the education of lawyers. Sir Edward Coke said, "Some knowledge of every science and art is not only useful but even necessary." Certainly, the medico-legal issues of the day render a practical knowledge of this branch indispensable to the legal profession.

This subject is of equal, if not of greater importance, to medical men, who in courts of law, act as representatives and exponents of medical knowledge and professional skill.

In the Medical Department of the University of Buffalo this science occupies a prominent place in the curriculum of instruction. Scarcely a lecture has been presented which did not embrace some items of interest in a medico-legal point of view, and in many instances they have been illustrated by reference to interesting and instructive trials, which involved facts inconclusive without the aid of medical testimony. Much has been said of the importance

of basing such evidence upon medical learning and professional skill, and of the value of a practical knowledge of this science as essential to fit medical men for the duties imposed upon them by the exigencies of modern society.

In reviewing the history of Forensic Medicine, we find that the ancient Roman law-courts recognized the application of medical knowledge in the administration of laws. Their method consisted merely of referring doubtful medico-legal questions to the "authority of the learned Hippocrates." In tracing its progress we find that as the science of medicine progressed in development, this branch correspondingly attained the dignity of a science. The beginning of a system as now presented, dates from the commencement of the sixteenth century, since then, its importance has awakened much interest among medical men, and numerous works on this subject have been contributed, which do honor to the profession.

When presented as a system, the science of Forensic Medicine embraces various branches, which may be conveniently arranged under appropriate heads. In briefly discussing the subject, we will only consider the legal duties of medical men as experts and practitioners.

Medical men when called to testify on questions depending upon their professional knowledge, are termed medical experts. The term *experts* includes all persons of experience or professional skill in the science or practice in question.

As to what constitutes a *medical expert*, the law-courts do not seem to agree.

On the one hand it appears to be admitted that in questions of science or skill, the witness should not only be conversant with the subject matter, but also have experience or practice in the art or profession. While on the other hand it has been ruled that persons practicing as physicians, without medical diploma, or licence from an examining board, are to be considered as experts, on equal footing with the most thoroughly educated medical men.

It has been held that a witness who has studied a profession, although not engaged in practice, may testify as an expert. As long as the courts do not discriminate between a legitimate mem-

ber of the profession, and one who merely assumes the title of Doctor, perhaps not even possessing the primary elements of a medical education, we can reasonably anticipate some dissatisfaction in regard to medical testimony.

It is evident that a medical expert, properly so called, is qualified to give opinions based upon practical knowledge and experience. Contrary to the general rule, that witnesses must confine themselves to facts, experts are allowed to state their opinions. As to the limit of opinions expressed by an expert in evidence, certain rules have been instituted, which confine such witnesses to state facts and opinions within the scope of their professions.

The opinions of medical experts may be asked upon supposed cases, similar to the one before the court, but the opinion of one expert is not admissible as to whether a certain state of facts was sufficient to justify another expert in the formation of an opinion which he had given in evidence.

The opinions of medical men are good evidence to go to a jury in actions to recover damages for personal injuries.

Where the defense is insanity, the medical expert may be called to give an opinion as to whether such and such appearances, in his judgment, are symptoms of insanity, and his opinions may be based upon facts proved by other witnesses, in this case, he must have heard all the evidence tending to prove insanity. It is doubted whether he could be asked his opinion as to whether the particular act with which the prisoner is charged is one of insanity, for this is a point to be decided by the jury.

It has been ruled that a medical witness is not competent to deliver an opinion on insanity unless he has had experience in the treatment of this disease. The wisdom of such a decision is apparent to all who appreciate the difficulties in the diagnosis of some forms of insanity. The statute provides that medical practitioners shall not be permitted to disclose any information confided to them by their patients in their professional capacity, and which information was necessary in order to prescribe as a physician, or to perform any act as a surgeon. It has been held that where physicians are consulted as means of procuring an abortion, they are not debarred, under the statute, from testifying, it being doubtful

whether such a communication would be considered professional, within the meaning of the statute.

The nature of medical expert testimony is varied to a far greater extent than that of any other profession, science or art. Medical men are constantly called upon to testify as to the cause of disease, or of death, the consequence of wounds, and as to the sane or insane state of a person's mind. Within the sphere of medical expert testimony, questions arise which are vast and unlimited in their range, and many of them fathomless in their depth.

In order to meet the legal as well as the medical requirements in delivering an opinion before the court, the medical expert should comprehend the differences between medical and legal definitions, which owing to different objects, or intentions contemplated by medicine and law, respectively, are necessarily dissimilar. As an example, we will take the term *wounds*. In surgery the term means strictly. "A solution of continuity;" in law it means, "injuries of every description that affect either the hard or the soft parts, comprehending bruises, contusions, fractures, luxations etc." In surgery, wounds are classified as "incised, contused, lacerated and punctured." In law they are divided into "slight, dangerous and mortal." It is evident that a knowledge of these distinctions is of much importance to the witness in the examination; otherwise, advantage is afforded the cross-examiner.

The legal duties and responsibilities assumed by the physician or surgeon in the treatment of a patient, are "1. He shall exercise ordinary skill and diligence. 2. He shall devote ordinary care and attention." In the interpretation of the law, commentators explain the term "ordinary skill," as meaning ordinary *professional* skill. Professional skill meaning average skill as compared with the prevailing standard of skill of the profession; that which results from having the necessary degree of professional knowledge. In the requirement "to use ordinary care and diligence" the term "ordinary" has the same force as when used in reference to skill. The physician is to be governed by the gravity of the circumstances, the three qualities mentioned requiring him to use his best judgment in affecting a cure. Having exercised ordinary skill and care in the treatment of his patient, the medical practitioner is not consid-

ered responsible for want of success, nor for mistakes in cases of real doubt and uncertainty. Whenever it can be made to appear that the practitioner has failed to conform with the requirements, which we have briefly stated, he may be judged guilty of malpractice.

At this point it may be admissible to refer to the peculiar position of the practitioner as regards his liability to unjust accusations. Although in some cases conduct may deserve the penalty of the law, yet those who are familiar with the state of facts are aware that the greater proportion of actions for malpractice are unjustifiable.

It is evident that suits are often originated by unworthy motives, and it may be asserted that sometimes such cases are instigated by the promptings of those who claim alliance to the medical profession, at least, suits are often encouraged by opinions expressed by them, in regard to the professional services of another. Such indiscreet and inconsiderate opinions are by listeners often magnified in meaning and enlarged in substance until the practitioner is made the victim of a vexatious and perhaps, a ruinous suit.

In suits for malpractice, founded on the treatment of fractures, it is often found on sifting the facts that the bad result is wholly attributable to the carelessness of the patient when not under the control of his medical adviser. A popular error exists to quite an extent that whatever deformity results from a fracture is the fault of the surgeon. The differences in the nature and terminations of fractures are not understood. Many are not aware that oblique and compound fractures almost invariably unite at the expense of shortening or other disfigurement in spite of the most admirable surgery.

The following facts on this subject have been established after careful investigation, by the most prominent surgeons, "in fractures of the tibia and fibula, both compound and simple, perfect results are in the proportion of only one to about three of the cases treated; and, in fractures of the femur and clavicle, complete cure results in about one case in five; in fractures of the patella, a perfect cure happens only in one case in six." If the community at large would become educated to these facts, we are confident that the weight of public opinion would discountenance many of the ruinous and irritating conspiracies against medical practitioners.

In conclusion of this brief review of the duties of medical men, suffice it to say, that their obligations to courts of law; to medical science; and their professional bretheren are all of the greatest importance, and when ably performed, place the profession of medicine in an exalted rank in the eyes of the world.

University of Buffalo. Medical Department.

Dec. 30th, 1871.

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ART. II.—*A case of Protrusion of the Spleen through an opening made into the Abdomen, with a Pocket Knife.* By W. H. WILLIAMS, M. D., Shreveport, La.

John Beech a Freedman, 21 years of age, was admitted into the Infirmary Dec. 24th, 1868. He stated that whilst serving as a deck-hand on the steamboat Bart Able. He got into an altercation with another hand, who stabbed him in the left side, and that he thought his entrails were coming out through the opening. He stated that he was stabbed the morning of the day before, making it about twenty-eight hours before he could get medical aid. He had some trouble in getting admittance into the Infirmary which forced him to walk fully one mile after leaving the boat. He was very much exhausted, quite bloody, and still bleeding. His respiration was short and hurried, pulse weak and quick, skin cadaverous in appearance and cold to the touch, tongue almost white; in short he showed evidences of great suffering, and much loss of blood.

On examination a mass the size of a walnut, was formed protruding through and partly strictured by a very small opening, at the anterior, and lower margin of the spleen. This mass was quite black with a very smooth surface, and blood was oozing from it all the time. The opening through the skin and integuments, transversely to the trunk, was so small, and the protruding mass so hard, we could not return it into the cavity, and besides we did not think it best to do so, not having satisfied ourselves beyond a doubt as to its nature. We ordered him bandaged with the view of preventing further enlargement of the hernial mass, and ordered two grs. of Pulv. Opii in a stiff toddy, and to repeat opium and toddy every four hours until reaction is established.

Fourteen hours after, the only material change that had taken place was an enlargement of the hernial mass, which was about twice as large as when first seen by us.

We were now satisfied that it was spleen substance that we had to deal with, and that it would not do to cut it off and return it to the cavity of the abdomen.

The expedient resorted to was to pass a silver wire through the integument and neck of the hernial mass, transversely to the cut, returning the wire to the side of entrance, so as to completely, if possible, strangle the tumor between the edges of the wound. The distance between the points of entrance and exit of the wire, on each side, was about one-third of an inch. After tightening the wire and fastening it with a perforated shot, it was still apparent that it continued to bleed. We then passed a ligature around the neck of the mass sufficiently tight to stop the oozing of the blood, but not tight enough to hurry the sloughing off of the part. This I regard as the most important point adopted in the management of the case, and that which led to his recovery.

Had the neck of the mass been strangled suddenly that portion of the spleen internal to the wound would have fallen back into its old position, and owing to the great vascularity of the spleen, would have very soon bled the man to death.

I will state that it was one month from the time the wire was introduced until it was removed, and that then the mass external was not quite even with the surface of the body, and even now, two months after he was stabbed, the wound is not entirely well, yet the boy is at work every day.

The general treatment adopted in this case was purely palliative, with a strict regard to regimen and the recumbent position.

He was kept in bed five weeks, during which period it was necessary most of the time to keep him under the influence of an opiate to relieve pain.

I omitted to state that he had two or three spells of vomiting when he was first admitted that gave him great pain. He had very little heat of the skin at any time, and he was forced to take nourishment up to the third week.

He stated that he had not been subject to chills, and that he had

always been healthy, and a hard worker. This being assumed as a fact, I am free to say that he lost at least half of the spleen, and I now believe him perfectly safe, and I might say well.

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ART. III.—*Surgical Cases Treated at the Buffalo General Hospital by C. C. F. GAY, M. D., Attending Surgeon.*

TUMORS OF THE NECK.

Mr. L., aged twenty-two years, has two tumors, one the size of the closed hand upon the left side of the neck, another half this size upon the opposite side. They have been six months growing, and the patient says they appeared directly on the subsidence of a cold. The tumors feel hard, are moveable and supposed to be encysted. In the presence of several members of the staff the tumor of lesser size was removed. The cyst was found to contain cheesy matter. The tumor could not be enucleated, but had to be dissected out, and a portion of the cyst was allowed to remain.

Before proceeding to operate upon the larger tumor, I introduced the exploring needle, on withdrawing of which a drop of pus escaped, which revealed the fact that the tumor was but a chronic abscess. I made a deep incision entirely through the tumor, and emptied it of its purulent contents, directing the use of tents to enable the wounds to heal by the slow process of granulation.

The patient was operated upon on June 18th, and on July 18th the wounds were closed, and the patient was discharged.

REMARKS.—The diagnosis in the case of the larger tumor would have been faulty had I not made use of the exploring needle, and this fact shows the importance of a more frequent use of the needle in aiding one to make correct diagnoses, since, had the needle not been employed, the operation of dissecting out this tumor would have been an operation of some gravity, from its location in one of the triangles of the neck.

This case is of interest, since it indicates the steps of the progress of the development of some of these tumors so frequently seen in this region of the body. There was but little pus contained within the walls of the tumor, and there were no signs of inflammatory action going on. There was no pain on pressure, or without pressure. The question then arises as to the length of

time pus had been deposited. There were certainly no indications of recent suppurative process; therefore one would conclude that inflammatory action ante-dated the operation six months, and produced this product; that a portion of the product had been absorbed, and, with a longer lapse of time, the whole would have been absorbed, leaving a well organized tumor to have been removed either by dissection or enucleation.

EXSECTION OF LOWER EXTREMITY OF THE RADIUS FOR NECROSIS.

Mr. T. B., aged thirty-two years, entered the Hospital June 24th. Thirteen years ago he fell, and says he sprained his wrist. Since then he has not been able to use his hand. The wrist began ulcerating last Christmas. It is at present much swollen and considerably deformed. An exploratory incision made on June 28th, reveals extensive caries, and an operation was resolved upon to be made at once. The finger introduced within the joint detected loose bone, which proved to be bones of the carpus. These were removed with about one and a half inches of the lower extremity of the radius. The arm was dressed and bound loosely upon a padded splint. The lower half of the wound was left open and cold water dressings employed.

I find the following remark in my note book, made July 18th: Wound nearly closed, but there is evidence of necrosis of ulna, which will necessitate another operation for exsection of lower extremity of ulna.

JULY 20TH, 1872.—Mr. S., aged about thirty years, has been in Hospital and under observation for several weeks. Twelve years since he fell upon the sidewalk, striking upon the coccyx. Following this fall he had coccydynia, remaining for an indefinite period of time, but pain on pressure at this date was referred to the first and second lumbar vertebræ. Since his injury he has been able to walk, only occasionally with the aid of crutches. The greater portion of this time he has maintained the recumbent position in bed, and been quite helpless. Any unusual exertion would cause pain in the lumbar region, which appeared only to be allayed by absolute rest. Scars upon the back denote that all, or nearly all, the appliances used for counter-irritation have been em-

ployed. So that he has been a sufferer in a two-fold manner; he has suffered from pain caused by the injury and suffered also from the use of the means, ordered at various times and places, to alleviate suffering.

I learned that he is and has been for a considerable time troubled with involuntary seminal emissions.

His pulse is below one hundred and his appetite usually good. There was no obstruction in the act either of defecation or micturition, and there were no signs of paralysis.

From all the information I can obtain by interrogating his history and present state, I am convinced there is neither chronic myelitis nor meningitis; that the integrity of the spinal cord and its investing membrane is not impaired. Were it otherwise, there had been the supervention of paralysis a long time since. I was therefore able to convince myself, and attempted also to convince this patient, that recovery was possible.

The cold douche to the spinal column was accordingly ordered once daily.

For the seminal emissions, I made use of the *Porte Caustique*. After one application he went one month without the recurrence of an emission. This treatment was persevered in until now, after a six weeks' treatment, he is able to walk erect about the wards of the Hospital—to go up stairs and down again—for fifteen or twenty minutes at a time, without the support of crutch or cane.

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ART. IV.—*Obstetrics in the Sandwich Islands.* By CHAS. H. WETMORE, M. D.

In order to know how to prize any branch of science properly we need to look backward and note its origin and allow the mind's eye to follow it on in its progress of development from its native to its real, or approximate, zenith. Civilized and enlightened nations are apt to look upon their attainment in both the sciences and the arts as matters, which have been handed down to them from former generations very much as legacies or titles to extensive and valuable landed estates descend from a parent to his child or from the nobleman to his oldest heir, forgetful of the diligent students' labors and efforts, both in and out of his studio to cause his de-

partment of science to occupy the position due to it among the educated and refined.

Let me invite my readers to accompany me in imagination to a group of Islands raised up by volcanic agencies in the great Pacific Ocean two thousand miles west of San Francisco, forming an important "way-station" on that new Ocean high-way of nations. Rude and barbarous were the people only a half century ago, and a half century earlier than that period the existence of that "pin-head kingdom" was unknown to our most skilful navigators. The inhabitants of those Sandwich Islands have been "civilized and christianised" while many and perhaps most of them retain not a little of their crude, ancient and sometimes superstitious ideas and practices; it requires more than a generation and a half to divest any nation of such habits of life and thought; our own national experience proves this assertion.

In this article your attention is particularly called to their obstetrical practice as I have witnessed it during a residence of twenty-two years on Hawaii. When the period of utero gestation is nearly completed many of them drink freely of a mucilage prepared from the inner bark of the "Haw" or Hibiscus tree much as some American women drank of a nostrum intended to prepare the system to do its duty properly at such a period.—When labor is fairly commencing the patient assumes a sitting posture upon a hard pillow or stone, with her husband or some other intimate *male* or female friend, resting upon his or her knees behind her, whose duty it is to grasp her above the abdomen in such a way that he or she can press down with considerable force upon the uterus and its contents never relaxing this grasp to allow the foetus to recede; the accoucher's position is in front. He, (or *usually she*,) has but little to do but receive the child; if the case is at all tedious or prolonged they imagine it a "cross birth," or that the child is dead, or something else, *never certain* what presentation exists until the head or some other part shows itself externally. They seldom allow the cord to be tied or cut until the after-birth comes away; to effect its speedy removal, which they regard as very desirable, and necessary, they place the mother in a semi-erect posture with the pelvis thrown backward and the knees partly flexed, the midwife at the same time

supporting the child; at this juncture the patient thrusts her fingers into her fauces to produce nausea or vomiting; this causes spasmodic, expulsive action in the uterus resulting *not unfrequently* in the immediate birth of the placenta and its membranes; (if such is not the result, there is more or less anxiety; the woman retains her erect position and is "lomi~~ed~~" over the womb and abdomen, (a sort of kneading, squeezing operation generally performed with the hands of the attendant,) until the "flowing" is moderate or almost ceases; she is then conducted to a stream, or large container, of water where she is washed down *secundum artem* and re-dressed to return to the house and its promiscuous inhabitants, children and all being often allowed to witness the performance, and think no more of it than they would if it were occurring among the ordinary animal kingdom; this is partly owing to the fact that the common native thatched house has but one room; curtains are used to form their departments and these are not always "kapu" (taboo).

The water there is never at a very low temperature and this bathing process is not usually injurious to these amphibious beings, and only in one instance have I known a serious result follow the erect posture and practice described above. After returning to her "hikie," or bed, the loming process is resumed and kept up for half an hour or more until the pain ceased and the womb is reduced to nearly its normal size. If "after-pains" come on we give orange leaf tea ~~and~~ almost ad libitum, (this did not originate with the Hawaiians.) They repeat the loming daily and several times a day where there is pain or enlargement of the uterus without inflammation. When milk begins to secrete, if there is hardness or pain, each gland is lomi~~ed~~ until the hardness and pain nearly or entirely passes away; this softens down the parts so that the child can more easily perform its duty; and there is very little danger of sore nipples and "broken breasts" where this practice is properly and thoroughly performed. Usually no aperient is taken and no restriction as to diet adopted. The child is often during the first two days of its postparturient life given to a "wet nurse," to obtain its nourishment particularly if it has spells of crying.—I ought to have said earlier that the mother is required to drink from a pint to a quart of cold water, as soon as the "kaiewe" (the placenta,) is removed, in order to ~~war~~ away all that is deleterious.

Soon after I went to the Islands I was called to a semi-chiefish woman's house just after her delivery to direct the attendants in dressing the child after the most approved American styles; their common way was to wrap the child in "swaddling clothes;" the cloth they formerly used was called "kapa" and was made from the inner bark of two native species of the mulberry. While at the house I noticed three persons in one corner of the room, two of whom were loming the mother of the child, sometimes with the hands, and sometimes with the elbows, and, as it then seemed to me, very unmercifully.

The next day as I was walking in the street I was accosted by a Hawaiian lady with "*aloha kauka*," (which means love or affectionate greeting to the doctor;) her face was familiar, and, on inquiry, I found that she was the identical person, who had given birth to the child the day before and whom I had last seen passing through a process which would prodigiously frighten American Obstetricians and their lady patients. Most of the native women are up after delivery and about their work as early as the person above mentioned. They, (the natives,) are very careful as to the length of the "piko," (the cord, which remains attached to the child,) and are always anxious to have it left from six to eight inches long; this is uncovered and allowed to dry up from exposure to the air as much as possible, thus being less repulsive in point of odor than such things usually are with us. When it separates, they, or many of them at least, consider it necessary to deposite it in a place which they call a "pana," (usually this is a creviced rock, ship, or cocoa nut tree,) where it is securely fastened or wedged in with small stones or other materials; and, *mirabile dictu*, "if this is not done the child will surely be a thief."—They have a great repugnance to casting the "after-birth" into a vault, or burying it in the ground; with them it must be burned to ashes; the reason of their so-doing I have never been able to learn; it is probably the result of some superstition. In this connection I might say they never, or seldom ever, bury their dead, but put them into a cave, or building thatched for the purpose. The kings' and chief's bones were cleaned from the flesh and preserved, or deposited, one or more of them, in the volcanic lake of fire and (if I mistake not,) the flesh was burned in a common fire.

My obstetrical practice outside of our foreign community has been principally confined to difficult cases; only in one instance in my practice have I used the forceps and then one blade of it sufficed; in another I attempted the use of them, but gave them up on account of the extreme tenderness of the parts; in a third case where the patient imagining that she felt the instruments in my pocket, and of which she had a perfect horror, jumped up in terror and in doing so pushed me over without thinking that she was treating me uncivilly and would not allow me to render any further assistance until she was convinced that I had with me only an ordinary pocket case of instruments and my usual case of medicines;—fluid extract of ergot, (the form I usually use there,) aided nature in completing the delivery; when this is effected the foreign accoucher's services are generally no longer needed, unless metritis supervenes as it sometimes does, when ordinarily, hot turpentine stupes, followed by flannel, bags of hops, with linseed-meal and spices dipped in hot brandy, applied assiduously to the abdomen, with injections of water as hot as they will bear per vaginam, together with opium internally, effect cures as frequently as they do in America.

Turning I have practiced successfully, but not frequently, believing as I do, that *Blundell's oft repeated maxim* is, in the great majority of instances, *true* the world over, viz: "*Meddlesome mid-wifery is bad*."

Translations.

*On the recent Advances in the Theory of Vision. By H. HELMHOLTZ,
(of the Royal Society of London.)*

Translated from Les Annales d'Oculistique, By F. W. ABBOTT, M. D.

Besides the knowledge which is founded on ideas and consequently lends itself to expression in words, our mind is capable of an order of operations in which it works only upon sensual impressions, which cannot be translated into words. The result of these operations is what we call *cognissance* (le connaître). We cognize, (connaissons) a man, a road, an article of food, an odoriferous substance: which means that we have either tasted or

smelled or perceived these objects, that we preserve in the memory this sensual impression so as to be able to recognize it upon occasion, and this we do without our being able to give a description of it in words. It is not less certain that this cognizance is susceptible of as great a degree of precision and accuracy as a knowledge susceptible of being expressed in words. But we have to do here with some thing which we can impart only by presenting the objects themselves, or by imitating the impression which they produce; it is in this manner that a portrait makes known the aspect of a person,

An important part of the cognizance (*le connaitre*) is the knowledge (*connaissance*) of the innervation which we must employ to obtain any result whatever, by the motions of our limbs and our organs. Every one knows that it was necessary for him to learn to walk; that he became able afterwards to walk upon stilts, to skate, to ride, to swim, to sing, to learn the sounds of a strange language etc. By observing nurses we perceive very soon that they have to teach a whole series of things which it afterwards appears to us impossible not to have known always, such as to turn the eyes to a light which we wish to see. This kind of cognizance (*connaitre*) is called knowledge (*savoir*). We must not confound know (*savoir*) with can (*pouvoir*) (*kennen and koennen*) as the Germans sometimes do, on account of the analogy which these words present in their language. Let us remark that this knowledge of the effects of volition must attain an extraordinary degree of accuracy and security for it to be possible for us to keep our equilibrium on stilts or in skating, or to attempt with the voice or upon a violin a tone which would become false with a demi-vibration per hundred more or less.

It is clear that our mind may combine the memory of sensual impressions according to the mode which it employs ordinarily to combine words, and thus form some thing analogous to what in spoken language is called a proposition or a judgment. It is in this manner that I may know that a man with whose figure I am acquainted possesses a singular voice, with the tone of which I am well acquainted. I would recognize his figure and his voice without hesitation among a thousand, and the one immediately brings

up the other. But it is impossible for me to express this relation in words, if I have not at my disposal other expressible circumstances to define the man in question. Then I can only flank the difficulty and say: The voice which we are hearing now belongs to the man whom we saw such a day, at such a place.

In certain general propositions, as well as in particular propositions, words may be replaced by sensual impressions; let us be content with citing the effects of arts of imitation. The statue of a divinity could not give me the impression of a certain character, temperament, or determinate disposition of mind, if I did not know that the expression or the gesture which it presents possesses this signification in the majority of cases. Not to depart from the domain of sensual perceptions, if I know that a certain way of looking goes with fixing a point two feet distant and to the right, and if I had an accurate knowledge of the degree of innervation necessary for this effect, here is a general proposition which is applicable to all the cases where I have fixed, or rather where I may fix, a point situated in the manner indicated. This proposition which cannot be expressed in words, is the result which comprises what I have learned by the concordance of my anterior experiences. It may become at any moment the *major* of a syllogism, when I happen to fix a point situated as has just been said, and which I perceive that I look at conformably to that major. The *minor* consists in perceiving that I look in this manner, and the *conclusion* consists in saying that the object seen is situated at the corresponding place.

Let us suppose now that I look in this manner, but through a stereoscope. I know that there is not before me any real object at the place in question, but none the less do I experience the same sensual impression as if there were one there: and this is an impression which, neither by words nor for myself, can I define otherwise than by saying that this impression is what I would receive in a normal manner of looking, if a real object were at that place. Let us insist on this point. The Physiologist can without doubt describe what passes here as it relates to the position of the eyes, the position of the retinal images, etc. But it is impossible to characterize and define immediately the sensation otherwise than as

has been said above. We know that we have to do with an illusion of the sensation, nevertheless we cannot destroy the sensation of this illusion. This means that it is impossible for us to set aside the memory of the normal significance of a sensation, even when we know that this signification ceases to be applicable: this is no more possible for us than not to think of the signification of a word of our mother tongue, in whatever signification it may be pronounced.

If these reasonings, relating to sensual perceptions, present themselves to us as irresistibly, as any other natural external force, and if their results then seem to be given by an immediate perception, independent of our participation, this is not a reason for considering them as being of another nature than logical, conscious reasonings, or at least than those which truly merit this name. That which we can do voluntarily and wittingly to form a conclusion is limited to bringing together the elements which constitute the reasoning. When these elements are really complete, the conclusion is irresistably forced upon us. The reasonings which we think that we can turn in this way or that at will, in general do not avail much.

We see that our researches lead us into the domain of psychical actions, which has scarcely been occupied as yet as an object of scientific research, because it is difficult to find expressions in which to speak of them. They have been considered rather in esthetic researches where they play a great role under the name of "intuitive verities," "unconscious reasonings" "perceptive intelligence" and similar vague expressions. It is prejudice which considers these psychical acts obscure, vague and *inconscient*, regards them as purely mechanical operations, and assigns them to a class inferior to that of conscious thought which can be expressed in words. I do not think that any difference can be demonstrated between the natures of these actions. The immense superiority of knowledge, perfected up to the point of being able to be expressed, is sufficiently explained in other ways: on the one hand, language furnishes the possibility of uniting and preserving the experiences of millions of individuals and thousands of generations, and of rendering them at the same time more and more certain and more and more general by a continual verification; on the other hand it

is upon speech that the power rests which men have of uniting and acting in common, which forms the greatest part of their power. In these two relations cognizance (*connaitre*) cannot vie with knowledge (*savoir*), without its following of necessity that it must be less clear or of a different nature.

The partisans of naturalistic theories invoke the aptitudes of new born animals, many of which show themselves to be more skilful than the infant. It is certain that in spite of the more considerable development of the brain and the superiority of his intellectual perfectibility, it takes the child a long time to become capable of the simplest acts, as for example, to direct his eyes towards an object, or to grasp what he sees. Should we not conclude from this that the child has much more to learn than the animal, guided by the instincts in which, so to speak, it is penned? They say that the calf sees the udder of the cow and goes to find it; it remains to be seen whether it does not merely smell it, and continue the motions which cause it to approach this odor. It is certain that the infant does not see the breast; it often turns obstinately away from it to seek it in the other direction; The little chicken commences at once to pick to find grains; but it has already pecked in the shell, and it seems to pick at hap-hazard at the first, when it sees the mother set the example. When by chance it has met with some grains it may then learn to observe their appearance, and this the more quickly since all that it is necessary for it to learn in life is very limited. New observations on this subject are desirable, for the purpose of elucidating the question under consideration. The observations hitherto made do not appear to me to prove that animals at birth show forth anything except tendencies, and it is very certain that man shows distinctly that these innate tendencies are reduced in him to the smallest possible measure.

Our mind proceeds, moreover, in an entirely analogous manner, when it has to do with another system of signs whose choice is arbitrary, and for the comprehension of which the intervention of education consequently is evident: I mean the words of the mother tongue.

To learn a first language is evidently a much more difficult thing than to learn a foreign language in later years. It is necessary,

first of all, to divine that what one hears are signs; at the same time it is necessary to discover the meaning of each word by an induction of the same kind as that which has taught one to interpret sensations. Nevertheless we see children of a year old commencing to comprehend, if not to repeat, certain words and certain phrases. Even dogs are known to attain this.

This relation between the name and the object, which is evidently a result of education, becomes as indistructible as the relations between the sensations and the objects.

We are not able to escape thinking of the normal signification of a word even when, as an exception, it has been used in another meaning. We cannot suppress the emotion which a romance produces, even when we know that we have to do with a fiction; it is for the same reason that we cannot efface from our mind the normal signification of the sensations in the case of the most clearly recognized illusion of the senses.

There is, finally, a third point of comparison which merits our attention. The elementary signs of our language are embraced in twenty-six letters and what limit is there to the variety of the ideas which their combinations enable us to express! Let us think now of the immense richness of the elementary signs which the visual nervous apparatus may furnish. We may estimate the number of fibres of the optic nerve at 250,000, each one of them may receive infinitely varied degrees of irritation, proceeding from one or even from three fundamental colors. It is plain that here there is where with to form a system of combinations infinitely more rich than with the few letters of our alphabet, without speaking of the rapid variations which the visual images may undergo. Hence it should not astonish us that the language of our senses gives us information infinitely more particular, more individuated and with finer shades of meaning than spoken language can give.

Such is the solution of the problem, and the only one, it seems to me, which the facts at present known enable us to accept. The circumstances in which we have found the most marked disagreement between the sensations and the object, either qualitatively, or in the relation of the localization, have been the most instructive for us, because these are what has led us into the right way. Even

those Physiologists who try to save the debris of that theory which supposes a preestablished harmony between the sensations and the real objects are forced to admit, that sensual perception only attains its highest degree of perfection when it has experience for a foundation: they are even forced to admit that it is this which finally prevails when it comes in conflict with the pretended natural conformity of the organ with the objects. Consequently we can no longer attribute to the conformation of the organ any other role than that of favoring, perhaps, at their origin the formation of our notions.

The harmony between the visual perceptions and the external world rests therefore entirely, or at least essentially, upon the same basis as all the rest of our knowledge of the real world, that is to say, upon experience constantly verified by new experiences, such as are produced by the motions of our body. It is evident that the harmony between the real world and our sensations is demonstrated to us within the boundaries where are enclosed the experiences which our senses furnish us, but this is precisely the whole of what is necessary for us in practice. Beyond these limits, on the question of properties, for example, we can demonstrate that there is disagreement. The relations of time, place, equality, and those of number, size and law, in short all that is mathematical, are common to the external and the internal world, and for all these relations we may look for a perfect concord between the representations and the objects. I think that we will not be angry with nature for having hidden the profundity, so difficult to appreciate, of these abstractions under the infinite variety of the signs by which objects manifest themselves to our senses. If the abstractions escape us, the signs are only the more appreciable and more rapidly utilisable in practice; which will not hinder a speculative spirit from finding still sufficient indications for distinguishing between what is sign and what is image.

Miscellaneous.

Abstract of a Clinical Lecture on Death from Chloroform.

By J. ERIC ERICHSEN, Senior Surgeon to University College Hospital.

Thanks to the somewhat frequent occurrence of the heading—"Death from Chloroform," in the papers, the subject is beginning to excite a considerable amount of interest and apprehension amongst the public. In the profession there has been, I think, rather a tendency to avoid the subject—to look upon the occurrence of an occasional death from chloroform as a sort of necessary price paid for the advantages of anæsthesia. Whether this be the case, whether the fatal result really depend on an inexorable fate or on some more preventable cause, is, I think, worth inquiring into. Considering the extensive and general employment of chloroform for even the most trivial of surgical operations, a death directly due to its influence is, happily, of rare occurrence. During the twenty-five years that I have been attached to this hospital, I have only witnessed one such death. It is a sight which must always produce a deep and painful impression on those present; the more so, since the administration of chloroform is by no means a necessary part of the operation; the relief of pain is in many cases nothing more than a luxury.

All surgeons will agree with me that, in extra hospital practice especially, the administration of chloroform is that part of the operation which often gives most anxiety to the operator. In a hospital, chloroform is generally administered by some one who is in the daily habit of performing that duty. The process is watched by competent observers, and there is every appliance at hand in case of need. In private practice it is often given by the practitioner in charge, whose only experience is derived from a limited use of the drug in midwifery cases, and both the patience and peace of mind of the surgeon are upset: for, indeed, a considerable amount of practice and experience are required to enable a man to chloroform well; some acquire the necessary skill more easily than others; but no amount of care can make up for the want of a certain amount of practice.

We must confine our attention to deaths which are *directly and immediately* due to chloroform. These may occur in three ways—by the lungs, by the head, or by the heart; from asphyxia, from coma, or from syncope.

I. *Asphyxia* may be caused (1) by tight clothing, or by anything which hinders the respiratory movements, as a large abdominal tumour; (2) by actual choking. If chloroform be given too soon after a meal, vomiting of semi-digested material is very likely to occur, and the larynx may be obstructed by it. A gag or false teeth may slip into the throat and cause choking; the tongue, also, like

the other voluntary muscles of the body, becomes paralyzed when the patient is fully anæsthetized, and, by falling back into the throat, may itself cause choking. Deaths from these causes, the first more especially, have occurred most often in dentists' practice. Simple asphyxia is not often actually fatal, though narrow escapes are common; the signs are so well marked that they can scarcely be overlooked, and the patient can generally be recovered if assistance be at hand.

II. Death from *coma* due to chloroform is rare; still, the only case with which I have been personally connected was due to this cause. The patient was suffering from chronic Bright's disease, and had slight symptoms of uræmia. The administration of chloroform had not proceeded far when convulsions occurred, followed by coma and death in about an hour. In this case, at all events, the mode of death was evidently predisposed to by the poisoned state of the blood.

III. We come at least to that part of the subject to which I wish more particularly to direct your attention—the death from *cardiac syncope*, as it is called. This is to me a very puzzling mode of death, as difficult to account for as it is to guard against. I presume that by the term “cardiac syncope” is meant atony and failure of the heart's action. This is an easy explanation, but not altogether a satisfactory one. Amongst these numerous experiments which have been made with chloroform, I do not know of any which prove that it has any direct syncopal action on the heart, or even any indirect toxic action on that organ through its nerves. Still there is no doubt of the fact, that people do die without much disturbance of respiration, without becoming distinctly livid in the face; the pulse fails; that is the first thing noticed, and they are dead.

Now, my own idea is, that these are really cases of asphyxia; that the heart is secondarily, not primarily, affected; and my explanation would be as follows. After death we find in these cases a weak, fatty heart; the valves, indeed, healthy, but the walls thin, and the muscular tissue pale and degenerated. Now, chloroform has always, especially at first, a slight asphyxial tendency; the patient calls out that he is choking, tries to pull away the inhaler, and breathes deeply, then struggles and holds his breath for a few seconds. In a healthy man this soon passes off, the inconvenience is merely temporary; but with a fatty, enfeebled heart, it is different—the patient holds his breath for a few seconds, the right side of the heart is soon filled, there is weak propulsive power, the organ cannot recover itself, and the result is fatal.

Some years ago, I made numerous experiments on death by asphyxia in animals; and I found that if once the ventricular action were stopped, if a contraction were missed, it was most difficult to start again—generally all was over. And this is what happens in these cases; the ventricle cannot be emptied quickly enough, the rhythm is lost, and almost instantaneous death ensues. The

patient, then, does not die from the direct action of the chloroform on the heart, but from the effect of a slight asphyxial condition, which is inseparable from the administration of this agent on a disorganized heart. After death, you may not find the right side of the heart greatly engorged; first, because great engorgement is not necessary to cause a fatal result; and, secondly, the blood, even many hours after death from chloroform, is found unusually fluid, so that the dependent parts of the body are congested and the heart is left comparatively empty. Then, also, artificial respiration is always set up in these cases, and this tends to diminish the cardiac plethora.

Finally, a few cautions. Never give chloroform without first thoroughly loosening the dress; if possible, not within four hours of a meal; the head should be moderately raised; the pulse, respiration, and colour of the face, must be carefully watched. As regards the occurrence of the rigid spasm already adverted to, I do not think that sufficient attention has been directed to this condition. A patient with an enfeebled heart is then in a most dangerous, even critical, state; the chestwalls are fixed, the lungs are filled with chloroform-vapour, which becomes diffused but cannot escape, the pulmonary circulation is obstructed, and the pressure on the right ventricle rapidly increased. Let the patient partially recover, then give it again slowly; watch for any blueness around the mouth, etc. If the pulse fail, draw forward the tongue with forceps, and set up artificial respiration at once: but prevention is the main point. When there is well-marked asphyxia, artificial respiration is most useful, and generally successful; but in these cases of so-called "cardiac syncope," it is generally useless; the heart has been barely able to meet the ordinary requirements of the system; it cannot recover lost ground; it gives in, as it were, at once.—*Brit. Med. Jour. Medical News and Library.*

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A Successful Case of Immediate Transfusion.

By J. H. AVELING, M. D., Physician to the Chelsea Hospital for Women.

The following satisfactory case of transfusion proves that the old "immediate" method of performing the operation has many advantages—so many, indeed, as to lead to the belief that it must ere long be adopted by the profession. For one hundred and fifty years no other plan was known; and it is only during the last half century that "mediate" transfusion has been in vogue. The delay and difficulty in operating and the deteriorated condition of the blood transmitted are the great objections to this latter method. If it can be shown that the immediate plan is as successful as it is simple, transfusion will assume its proper place among the remedies of the healing art, and will be used both by physician and surgeon in all cases where deterioration or loss of blood threatens extinction of life.

Mr. F. E. Webb, of Maida-vale, has kindly furnished the following notes of this case previous to the time of my being called in :

"Mrs. W——, a small, fair lady, aged twenty-one, of rather delicate constitution, was seized with abdominal pains on the evening of March 24th. Early on the morning of the 25th I was sent for. The pains were frequent, but there were no expulsive efforts. The os was slightly dilated and the vaginal secretion abundant. Labor proceeded slowly, owing to the brim of the pelvis being narrow; and the child's head did not descend into the cavity of the pelvis until one o'clock, when sharp expulsive efforts commenced. At two o'clock I began to give her chloroform at intervals, but not to insensibility at any time, until the child was born at 3:30 P. M. As soon as the child was detached smart hæmorrhage set in. I sent for ice, gave ergot and brandy freely, and, grasping the uterus, excited it to vigorous action. The hæmorrhage continuing, I found it necessary to detach the remaining half of the placenta, which was unusually adherent to what felt like the partially inverted fundus of the uterus. This I endeavored to replace, but without success, as I was obliged to desist my efforts at the time lest the shock should entirely extinguish life. Blood continued to flow freely, and the patient became rapidly exhausted and faint, and no pulse could be felt at the wrist. Ice in the vagina at length checked the bleeding; but, as there seemed every probability of the patient dying, the husband was requested to go for further advice. Dr. Cheadle came first, and shortly after Dr. Meadows. At this time (4:30 P. M.) there was no great amount of hæmorrhage, but we all agreed that the only prospect of saving the patient's life was to transfuse some blood into her viens. Dr. Cheadle kindly went for Dr. Aveling, knowing that he would probably have the necessary apparatus, and would be ready to perform the operation."

I found the patient in a most dangerous state of exhaustion, insensible, and no pulse to be found in either the temporal or radial arteries. The pupils were dilated, and did not contract when a light was placed near them. The hands and feet were cold, and the lips and face blanched. The heart's action was weak, and growing perceptibly more feeble. It was evident there was no time to be lost. A fold of skin at the bend of the patient's arm was raised, transfixed, and divided; when a large flattened blue vein became visible. This was opened, and the afferent tube with some difficulty, on account of the insufficient light of two candles, was adjusted. The arm of a coachman in the employ of the family was next prepared as in ordinary bleeding, and an incision made directly into the vein sufficiently large to admit the afferent tube. The man was then seated in a chair beside the bed, and the india-rubber portion of the apparatus filled with water having been attached to the tubes, the process of transfusing commenced. After a few drachms had been transmitted, Dr. Meadows, who kindly took charge of the afferent tube, thought he felt the skin rising

near the incision, and suggested that the tube was not in the vein, but in the cellular tissue beside it. This proved to be true, and the tube had to be taken out and inserted into the vein. Its collapsed condition and the want of light made this no easy task; but it was at length effected, and the transfusion then went on steadily and easily until more than sixty drachms of blood had been injected. As the operation proceeded, the pulse at the wrists became perceptible, the lips less blanched, and warmth returned to the hands. The patient also became conscious for a short time, and said she was "dying." The mental improvement was not as marked and rapid as I anticipated; but this was, perhaps, due to the quantity of brandy she had taken. In a few hours, however, she became quite conscious, spoke, took nourishment, and began her fresh lease of life. The wound in her arm healed by first intention; but it opened again a few days after to allow some pus to escape, the result of the accident already alluded to. When the patient was sufficiently recovered she was placed under the influence of chloroform, and the uterus, which had become completely inverted, was returned to its normal position. After this operation Mrs. W—— improved rapidly, and is now quite well. It would be ungrateful not to admit that a large part of the success of the operation is due to the able assistance I received from Dr. Meadows and Mr. Webb, and, I must add, from the coachman, who was not only collected and cheerful, but able to make several useful suggestions during the process of transfusion.—*London Lancet*.

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Cure of Strangulated Hernia by Aspiration.

M. DEMARQUAY communicates to *Le Mouvement Medical* a case of successful reduction of, and recovery from, strangulated congenital inguinal hernia by means of aspiration. A young man, 21 years of age, after fatigue during the 5th of May, while on a visit to his friends at Versailles, was suddenly seized with colic, attended by frequent vomiting; a tumour of considerable size at the same time had formed in the left groin. On the following day these symptoms continuing, he was taken to the surgical *servir* of the *Maison de Sante*, where the *interne*, having unsuccessfully employed the taxis, applied a bladder filled with ice, and waited for the morrow. On the morning of the 7th the patient was seen by M. Demarquay. He was then feverish and thirsty; the tumour voluminous, and it was seen that its precise nature was that of strangulated congenital hernia, of which M. Demarquay states he had never previously successfully treated a case by operation. The employment of the taxis having failed, the patient was put under the influence of an anæsthetic, and again the same measure taken with no better result. It was then determined to employ aspiration. A fine trocar was inserted at the centre of the tumour, and by means of the aspirator of M. Potain 120 grammes of fluid were

extracted from the intestine, without counting the gas. The tumour instantly collapsed; the trocar was removed; an interval of a few minutes allowed to elapse before further interference took place. No swelling took place nor was there indication that further escape of gas or liquid from the intestine was going on; the taxis was again very gently applied, pressure was made very gently above and below the tumour, and the intestine felt to glide back into the cavity of the abdomen. The patient was subsequently treated by perfect quiet, with low diet, opium in small doses being given, and, beyond the occurrence of some degree of inflammation in the testicles from the pressure and handling it had undergone, no accident took place.—*The Doctor*.

—————:O:————— Grafting with Rabbit Skin.

There have been reported to the Paris Academy of Sciences three cases of ulcers in the human subject healed by grafting upon them cutaneous particles taken from the rabbit. M. Larry was so pleased with the idea that he proposed entering the Report for a prize. Whether the new surface produced a growth of rabbit's fur, we are not informed. But why not? And if so, why not put the new practice to profit by substituting for the rabbit the Angora goat or some other variety which will produce a valuable wool? Baron Munchausen did something of this kind, if our memory serves us, with his horse. There are some thousands of vagabonds and convicts in California, who might be made valuable to the State, or at least who would pay for their keeping, if, by the aid of delicate surgery, they were set to raising wool.—*Chicago Medical Examiner*.

—————:O:————— Apparent Death.

Dr. W. H. LATHROP, Prof. of Diseases of the Brain and Mind in Detroit Medical College (*Detroit Review of Medicine and Pharmacy*), in his paper on "Apparent Death," reports one of the most remarkable and best authenticated cases of trance on record, that of William (afterwards Rev. Dr.) Tennent. While studying theology at Princeton, N. J., he had a fit of catalepsy, being in a very weak state from close application to books, without proper attention to physical exercise. After a short illness, he was regarded as dead, and the day was fixed for the funeral. His physician, however, believed him to be alive, and succeeded in having the funeral postponed from day to day for three days. The brother of Mr. Tennent then insisted that it was folly to suppose that he could be alive, and ordered that at a certain hour the burial service should occur. When the appointed time arrived, and the company were assembled, the doctor stood over his patient and asked for still another hour. At the end of that time the patient suddenly uttered

a groan, and soon after gave other signs of life. His recovery was slow, and at first was attended with a loss of memory. He commenced anew the study of Latin with as much difficulty as if he had had no previous acquaintance with the language. After a considerable time his memory suddenly returned. This case is fully authenticated. The witnesses were educated persons, and all the particulars have been carefully described. Such cases, therefore, are *possible*, though extremely rare.

In conclusion, Dr. L. observes: 1st. That trance is extremely rare. 2. That apparent life in those really dead is much more common. 3d. That in doubtful cases we should wait for the appearance of decomposition before allowing the burial to take place. —*Medical News and Library.*

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ITEMS AND SELECTIONS.—*By E. N. Brush.*—In a paper read before the Michigan State Medical Society, Prof. Theodore A. McGraw gives the history of an Amputation at the Hip Joint. After giving the patient's history to some length and an account of previous operations which the patient had undergone to remove the disease (Osteo-Sarcoma) he proceeds as follows:

I made, therefore, an appointment for the purpose of amputating the thigh in the upper third.

On March 4th, assisted by Drs. Heaton, Foster, Gibbs and Carstens of Detroit, Dr. Carlton of Trenton, Dr. ——— of Dearborn, and numerous medical students, I performed the operation proposed, making large lateral flaps and sawing the bone just below the throchanters. When I had ligated the arteries, and came to examine the bone, I found that its medullary cavity was full of a thick, yellowish matter, not unlike pus, the result, as I believe, of absorption of fluids from the tumor, and consequent degeneration of the medullary membrane and the cancellous tissue. This condition of the bone left no alternative but its entire removal. This was done without great difficulty and with but little further injury to the soft tissues.

The stump was thoroughly washed with a solution of carbolic acid, a pledget of lint was inserted into its lower corner to secure free drainage, and the flaps were then brought together with sutures.

It was at a time when Dr. Andrews was experimenting with oxygen gas. He advised its employment in this case as an arterial stimulant. I consented to its use without very much confidence in its powers, chiefly because the stomach of the patient was, for some days, so irritable that it was difficult at times to give stimulants by the mouth. I was inexpressibly gratified by the result. Whenever the patient seemed about to sink under the shock and exhaustion consequent upon the operation, the house physician, Dr. Foster, would have him inhale from half a gallon to a gallon

of oxygen, and it was very gratifying to see the almost immediate change for the better. The color would return to the pale face, the pulse would increase in volume, the respiration grow more full and easy, and the nausea temporarily cease.

I cannot, from this experience, too highly recommend the use of this agent in similar cases of shock and exhaustion after severe injuries.

The patient, after the first few days, improved steadily and surely. His strength was kept up by the free use of stimulants and large quantities of gruel, beef-tea, egg-nog, milk-punch, and other nutritious articles of diet. His stump was thoroughly cleansed several times a day with antiseptic injections. About one month after the operation, he was attacked with a superficial form of erysipelas, which was at that time prevailing in Detroit. He recovered, however, without much apparent suffering. Eight weeks after the operation, he began to get about on crutches. Three months after that date, he was driven in a buggy a distance of nearly two miles and assisted up two flights of stairs to get the photographs taken which accompany this paper. * * * * *

'As regards the operation itself, I cannot think that amputation at the hip would be much, if any, more dangerous than that immediately below the trochanters, if performed with the same incisions through the soft parts. It is my opinion that the operative procedures usually adopted increase the unavoidable risk by sacrificing an unnecessary amount of soft tissues. Flaps which will amply cover the stump of an amputation below the trochanter are not a bit too large for a disarticulation at the hip joint. The resulting cushion is better adapted to support pressure, and the immediate shock of the operation is much less than when the flaps are made to accurately fit the exposed surfaces. That the disarticulation is easily performed, with the reservation of so much tissue, was proven by the case whose history I have just given.

A disarticulation thus performed is, in some respects, preferable to a high amputation through the continuity. The patient escapes all risk of osteo-myeletis, and, in cases of malignant disease, has a vastly better chance of escaping its recurrence.

The *British Medical Journal* reports a death from chloroform in the Great Northern Hospital. The patient was a man 53 years old and was about to undergo the operation of lithotomy.—The authorities of Chicago have taken a step which will meet with hearty commendation in prohibiting the posting of hand bills of quacks and quack medicines about the streets.

Dr. J. H. R. McClellan, reports *American Journal of Medical Sciences*, the extirpation of a fibroid tumor necessitating the removal of the entire parotid gland, ligation of the external carotid artery and jugular vein, and division of the Portio Dura Nerve, the case terminated favorably and at the end of eleven months the disease manifests no tendency to return.—In the *American Journal of Medical Sciences* for Oct., Dr. S. T. Knight reports the suc.

cessful removal of an ovarian tumor by enucleation. The Doctor was unwilling to trust the pedicle to itself, but at the conclusion of the operation applied a clamp.—In a report of forty-eight cases of subperiosteal resection of the elbow (*London Lancet*) M. Ollier says that, with proper care and skilfulness in dissecting the entire periosteal sheath, the bones are not only reproduced in their continuity, but with their heads and articular tuberosities, so as to permit the play of the joint in all its movements. It is necessary to employ minute precautions in the after-treatment for obtaining the above results. Slight movements must be made at an early time with the joints. Ankylosis is not to be dreaded but rather too great mobility of the joint, especially in individuals from forty to fifty years of age.—The *British Medical Journal* for July 20th, contains an account by Mr. H. Grace of a remarkable case of injury of the spine. A man while at work in a coal mine was crushed by a heavy stone falling upon him. He was so doubled up that his head rested between his thighs and his perinaeum upon his heels. When first seen by a medical man he was cold, breathing hurriedly and evidently sinking.

The first, second, third and fourth lumbar vertebræ all appeared to be implicated in the injury. He was placed on a mattress and by the aid of four men, two at each end, extension made, when the spinal column resumed its normal position with an audible snap. The breathing and pulse were immediately relieved. For two months it was necessary to pass the catheter daily, after which the urine escaped involuntarily, and has continued to do so up to the present time.

At the end of two and a half years he was able to resume his work as a collier. "The sensibility of the soles of feet, and in the posterior portion of both legs, is much impaired; and around the arms perinaeum inner part of both buttocks, scrotum and penis it is *entirely* destroyed." At the time of the accident he was married and has had two children born to him since. Mr. Grace draws some valuable observations concerning the functions of certain nerves from this case.

Dr. H. Knapp reports in the *Medical Record*, forty-one cases of blindness or deafness resulting from Cerebro-Spinal Meningitis, which have come under his care.

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RAPID DEATH FROM STINGS OF BEES.—J. O. Sanders, M. D., Reports the following: April 18th I was called to see a patient stung by bees. Mr. S., an intelligent man, gave the following account: Louis —, a negro, aged about 45, climbed a tree where bees had swarmed on a limb, for the purpose of hiving them, carrying with him a saw. As soon as the limb commenced falling, the bees arose *en masse* and covered his head and face. He descended immediately, and, as soon as he reached ground, commenced running as fast as

he could; ran around three sides of a yard, some two hundred steps, passed through an open gate, and fell to the ground. Mr. S. ran to him with a bottle of spts. camphor, and succeeded in forcing him to take one swallow; the patient protesting at the time against assistance, declaring that he would certainly die. After two or three irregular and partial respirations he expired. Mr. S. thinks it could not have been more than five minutes from the time he was attacked by the bees before he breathed his last. When I arrived, about an hour and a quarter after the accident, I could, on careful examination, find no signs of life. He was a vigorous, muscular man, and in perfect health, so far as I can learn. Was death due in this case to direct nervous shock, or to absorption of virus, or both?—*Medical News*.

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DEATH FROM ETHER.

By W. B. DUNNING, M. D.,—Acting House Surgeon, Bellevue Hospital.

John Stockander, a German saddler, unmarried, 68 years old, was admitted to Ward 13 of Bellevue Hospital on August 2, 1872, suffering from a fracture of left femur, just below the trochanter. The patient was treated by a Buck's Extension until August 20, when it was decided to apply a plaster of Paris splint. In order to make sufficient extension, and at the same time prevent the pain of the operation, ether was ordered to be administered. The administration of the anæsthetic was slowly and carefully made, and after perhaps ten minutes the patient was fully under its influence and the operation begun. A few turns of the plaster had been made, when the patient's breathing was observed to be rather frequent and gasping. The pulse was, however, full and regular. The thorax was compressed two or three times, and the patient's breathing again became normal. As these symptoms not rarely occur during etherization, they excited no special alarm. The ether was, however, withheld from the patient four or five minutes, his respiration and pulse being normal. As he then began, however, to move about and his muscles were becoming rigid, the ether cone was again applied. In a minute or two, my assistant, who was giving the ether, observed the pupils to be dilating rapidly and the breathing to cease. His heart was still beating, however. The ether cone was of course immediately removed and artificial respiration was again used, and all the batteries obtainable in the hospital were put in operation in an effort to resuscitate the patient. His muscles occasionally responded by a spasmodic movement, but no breathing again occurred. The efforts at resuscitation were continued about forty minutes, until all response to the action of the battery had ceased.

Patient died about four p. m., and the autopsy was made at seven p. m. that same day, under direction of Dr. Delafield. Rigor mortis was marked. Blood was fluid. Brain and membranes neither

anæmic nor congested. Trachea and larynx somewhat pale. Heart contained a little fluid blood, with a little atheroma at base of aortic valves. Lungs have old adhesions over both. Emphysema exists, and thickening of large bronchi. The lower lobe of right lung is cedematous, and its lower portion in a state of red hepatization. Rest of lung is normal and not congested. Liver is small and firm, containing a good deal of fluid blood. The other organs are normal.

The ether used was that made by Powers and Weightman. It has been examined by Dr. Squibb, of Brooklyn. He states that he "finds nothing in the character or quality of the ether to account for the death of the man, or even to aid in accounting for it." He adds, that in his "judgment the death of this patient is in no way attributable to either the quality of the ether, the quantity used, or the mode of administration, but that it is one of those accidents which, though of very rare occurrence under the careful use of ether, is inseparable from the condition of anæsthesia."

The quantity of ether used was about $\frac{3}{4}$ vi.—*Medical Record*.

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Poisoned Wounds from the bite of the Snake and the Tarantula and the Sting of the Scorpion and Centipede.

BY JAMES S. BAILEY, M. D., Albany, N. Y.

While perusing "Emergencies, and How to Treat Them," by Dr. Howe, my attention was directed to chapter VI., which treats upon poisoned wounds. After discussing dissection wounds, and hydrophobia, he refers to snake and tarantula bites, also to the sting of the scorpion and centipede.

Physicians commencing the practice of medicine eagerly adopt remedies recommended by authors: therefore the necessity of correct teaching, or much harm may result. From his remarks it is to be supposed that his personal experience is these "Emergencies" has been limited, and that he has gathered his ideas from books.

There is great difference between theory and practice in the treatment of bites of venomous serpents and insects, and few emergencies require more prompt and active treatment. By the timely administration of efficient remedies the mortality can be much reduced, and if energetic treatment is not pursued the life of the victim may be sacrificed.

While living in the extreme South, I frequently had occasion to treat accidents of this kind, and did not deem it prudent to experiment, but relied upon remedies known to be efficacious.

My chief reliance was upon suction and alkaline dressings; soda or ammonia applied externally, with large draughts of spirituous liquors, whiskey or brandy, internally; or full and repeated doses of olive oil taken into the stomach. These remedies were found to be certain and speedy antidotes. I have never known a person to die from a snake-bite who could be gotten under the influence of

liquor, and the success of the internal use of olive oil is equally efficacious.

A domestic remedy was frequently applied before a physician could be summoned; which was to kill a chicken, open it through the back, and apply it warm with its entrails over the wound. Its efficacy was evident by the parts of the fowl coming in contact with the wound in a few minutes turning green by absorbing the poison.

When a fang of the serpent penetrates a blood-vessel and the virus is absorbed directly into the circulation, remedies avail but little, and the person usually lives but a short time; but if such is not the case, the timely administration of appropriate remedies affords relief.

Swine are not impressed by snake-bites, because of the deposit of adipose next the skin, which neutralizes the poison, and besides it is not abundantly supplied with blood-vessels. With lean hogs it is very different. I have frequently noticed a lean hog to avoid a poisonous reptile, while one in good flesh would attack eagerly and devour without fear. The instinct of this brute is such, which seemingly is endowed with but limited reasoning power.

The scorpion sting is never dangerous, though exceedingly painful, even more so than the sting of a bee, but the pain does not last so long. Treatment is unnecessary, though alkalies applied directly relieve.

The tarantula bite is very dangerous and painful. The treatment suggested for snake-bite is appropriate, if resorted to at once. I have never known a fatal case, though extensive sloughing has sometimes taken place.

Dr. Howe remarks: "The stories of its ravages are however not founded upon facts." Could the Dr. have seen some of my cases he would have thought differently.

He again remarks: "Centipedes are less dangerous than either of the preceding varieties."

This is not in accordance with my experience; the mentioning of a case will illustrate.

A gentleman in high social position, while engaged in superintending his garden, drew of his coat and hung it upon a shrub which by its weight bent it to the ground; a centipede crawled up one sleeve; upon putting on his coat he felt a creeping sensation upon his arm: he squeezed the part and attempted to brush it down, when each poisoned claw made its impress upon the arm, and in consequence he was soon in great agony.

The ordinary domestic remedies were immediately applied before a physician arrived, but in spite of treatment a high grade of inflammation was kindled; suppuration and sloughing took place, destroying the surrounding tissues, which left the arteries pulsating plainly visible and well nigh destroyed the man's life. There eventually was much loss of substance of the affected arm. In the course of three months he was measurably restored to health.

Poultry greedily devour the smaller specimens of the tarantula

with impunity, but the virus from its sting is a deadly poison to the human subject.

Fortunately, wounds from the tarantula and centipede seldom occur, but snake-bites are more common where poisonous reptiles abound.

Dr. Tanner remarks, in his "Practice of Medicine," that dengue fever is an accompaniment of scarlet fever. We that have treated dengue fever laugh at this statement, and the trusting to bilious antidotes in the emergencies of snake-bites seems equally absurd to physicians having much experience in such cases.—*Medical Record*.

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Editorial.

Epidemic Catarrh among the Horses of Buffalo.

It is but a few months since our city was visited by a most fearful and fatal epidemic disease affecting the human family and confined mainly to the younger portion of it. Cerebro-spinal Meningitis was for a few weeks alarmingly prevalent and then disappeared, at least, in its epidemic form, as suddenly and mysteriously as it came. Now we have prevalent an epidemic Acute Catarrh among our horses, so sudden in its appearance and universal in its influence, as to disable, at the present writing, nine-tenths of the horse population of the city and vicinity. It is supposed upon, we think good grounds, to have traveled over from Canada, since the Provinces have been suffering from the disease for some months. The early symptom, and that which first attracts attention, is Cough, which is soon attended by free mucous secretion from the membranes of the head and throat. This secretion, in many instances, is thought to be highly acrid. The animal affected soon refuses his food, looks dull and moves reluctantly. The most intelligible name, and one which gives a physician the best idea of its nature, is epidemic catarrh, or epidemic bronchitis, as it is well known that all diseases prevailing epidemically possess a virulence rarely seen, when appearing from common causes, or as we say, sporadically. We have had occasion to acknowledge our ignorance of the causes of epidemic diseases generally, and those present with us particularly. Speculation and conjecture are rife, but nothing is known, and we are obliged to say, that the various suggestions as to the possible causes, are all of them quite unsatisfactory.

When physicians can explain or assign satisfactory cause for any epidemic, when they can trace to its source the hidden and mysterious influence, then we think this "Influenza" among horses can be traced to satisfactory cause. Its symptoms progress and termination cannot yet be

fully written. It does not seem to be a very fatal malady, but is so universal in its influence as to paralyze business and leave us all on the "same footing". We will leave the treatment, for veterinary surgeons to determine, as we do not care to extend our therapeutics into the equine family only so far as our own favorite "nags" are concerned; these have a warm, well ventilated stable, ample food, general good care, and *no medicine*. If any of our professional friends desire to follow this example, it is open for imitation. If, however, we had a horse suffering very seriously, we should use the *anodyne* so universally useful in treating similar affections in men; but active, nauseating and depressing remedies will make even a horse sick.

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Recent Advances in the Theory of Vision. By H. Helmholtz.

The present number completes the translation, by Dr. F. W. Abbott, of the valuable Essay of H. Helmholtz upon the recent advances in the Theory of Vision. It is to be regretted that the paper could not have all appeared in a single number, and as it is so complete, it should be furnished to the profession in book or pamphlet form, but the members of the profession who take deepest interest in it are, perhaps, too few to warrant the outlay. We have no doubt but the readers of the Journal have read with deep interest the installments of the paper as published; certainly, all who appreciate its worth will thank Dr. Abbott for his translation. We are personally under many obligations for the opportunity of publishing so valuable a translation in our journal.

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Books Reviewed.

Diseases and Displacements of the Uterus. By Edwin Nesbit Chapman, M. A., M. D. New York: William Wood & Co. Buffalo: T. Butler & Son, 1872.

It appears that on being called to the Chair of Clinical Midwifery in the Long Island Medical College, twelve years since, Prof. Chapman found it necessary to institute a thorough course of clinical study, with the view to "unravel the mysteries of female diseases," and that this work is based mainly upon original clinical observations then made, with a reproduction of his clinical lectures on the diseases and displacements of the uterus.

A careful perusal of his reported cases is instructive. He makes a very broad distinction between inflammation and congestion, claiming that congestion of uterus, ovaries and vagina is the frequent cause of nearly all the symptoms of uterine disease. Leeching, Scarification and Caustic are his favorite remedies. When the congestion is relieved, all symptoms disappear.

The conditions of disease and displacement are very plainly described, and a mode of treatment detailed, which, in his hands, proved very successful. We think that every physician having care of similar cases, will be deeply interested in his clinical commentaries upon cases, as well as in his general descriptions of uterine disease. His idea of studying uterine diseases afresh, strikes us with special favor. He has contributed valuable clinical cases, and his treatment appears satisfactory in most instances, but we are not yet willing to believe but valuable knowledge may still be gained by studying uterine diseases and uterine therapeutics anew.

The Physiology of Man ; designed to represent the existing state of Physiological Science, as applied to the Human Body. Vol. IV. The Nervous System. By Austin Flint, Jr., M. D. New York : D. Appleton & Co., 1872. Buffalo : Martin Taylor.

During the past few years no subject has received so much of experimental research and thoughtful attention as the nervous system. Our Medical Schools are realizing the importance of the subject, and chairs devoted to nervous affections are being established in many of our Colleges. The result of the inquiry which has thus been awakened is that much that in former years was included in the broad domain of the mythical and probable has now been taken to augment the slowly increasing collection of facts which are counted as known and positive.

The increased importance which this branch of science has lately assumed has rendered a text-book of this character an imperative necessity. Dr. Flint's work has been long expected, and its readers will not be disappointed in taking it as a guide in their studies concerning the arrangement and functions of the nervous system. The work is written in a clear intelligent manner, and but few facts that are not well established are included within its pages. The well known character of Prof. Flint as a Physiologist, and his reputation as a careful student will make this work one which will be sought after by many.

We heartily recommend it to our readers, not however, as a book with which to occupy an idle moment ; its character demanding careful study and thoughtful reflection.

On Food ; its varieties, chemical composition, nutritive value, comparative digestibility, etc. Being the substance of four Canton Lectures. By H. Letheby, M.B., M.A., Ph.D., &c. New York : Wm. Wood & Co., 1872. Buffalo : Breed, Lent & Co.

This excellent little work is one intended for general perusal, and will interest the popular reader, looking for information on the subjects of which it

treats, as much as the professional man. The history which the author gives of the different varieties of food is written in an attractive and interesting style; in fact the whole work, although some of the tables and statistics are rather dry, is, for a book of its character, presented to the reader in clear, concise and attractive language. The writer seems to live in a state of blissful ignorance concerning American customs and food. On page 16 he says: "There is a sweet and tender variety of Indian Corn called *sugar corn*, the cob or spike of which is cooked entire while in a young, green state, and is either thus served to table as *corn in the cob*, or the grains are separated and served like green peas. This is an American luxury of great delicacy." The author also attributes, (page 17) the "sallow, wheezen look of the natives of the northern States of America," to the "indigestible preparations of Indian Corn, called *mush*, *hominy* or *johnny*," which, he says, "constitute the chief portion of their daily meals."

The first edition met with a ready sale, and the present edition will, no doubt, find many ready purchasers.

Thermic Fever, or Sunstroke. By H. C. Wood, Jr., M. D. Philadelphia: J. B. Lippincott & Co., 1872. Buffalo: H. H. Otis.

This essay, which received the Boylston Prize, evinces the careful, thoughtful student, and the faithful recorder of experimental research. The work is divided into four parts: Part I. Clinical History; Part II. Nature; Part III. Treatment; Part IV. Sequelæ. Part I. occupies some thirty pages of the work and cites several illustrative cases. Affections which are liable to be confounded with sunstroke are also spoken of to some extent in this portion of the work. Our author also speaks of the mistaken idea that the direct rays of the sun are necessary to produce what is called sunstroke. Part II. occupies the most space and is the most interesting portion of the work. The author here narrates a series of observations which he made as to the effect of a high temperature on the brain of living animals. His observations were made upon the muscular system, the nervous system, and the question of blood poisoning.

The conclusions which the author draws from his observations are interesting and instructive. The subjects of treatment and the sequelæ present nothing new. In speaking of the fever following sunstroke Dr. Wood in conclusion says: "I think the evidence now brought forward is sufficient to establish the frequency of meningitis following sunstroke, and that the fixed, intense headache so often complained of is probably due to such cause."

We know of no work which gives so full an exposition of this affection. The profession are under many obligations to Dr. Wood for his excellent monograph.

The Ten Laws of Health; or how Disease is produced and can be prevented. By J. R. BLACK, M. D. Philadelphia: J. B. Lippincott & Co., 1872. Buffalo: H. H. Otis.

This is a work which is designed more for the general reader than for the professional man. Yet from the hasty glance we have been able to bestow upon it we see many things which would be of interest and value to the medical practitioner, which doubtless would be increased on a more thorough examination. The introductory chapter treats of Disease, why it arises; with some considerations in reference to its preventability. The ten laws are: Breathing a pure air, Adequate and wholesome food and drink, Adequate outdoor exercise, Adequate and unconstraining covering for the body, The exercise of the sexual function, Habitation in the climate for which the constitution is adapted, Pursuits which do not cramp or overtax any part of the body, or subject it to irritating and poisonous substances, Personal cleanliness, Tranquil state of the mind and adequate rest and sleep. No intermarriage of near blood relations. Under each law are some remarks upon the results of violation, and also upon the mode of observing the law.

The laws laid down by the author would without doubt if followed be the cause of preventing much disease among the human family. The author is, we think, somewhat too sanguine in many of his statements, yet with proper allowance for some of his expected results, the book will be found correct and will impart much valuable information both to the professional and unprofessional reader.

Hallucinations of Childhood. The Annual Dissertation read before the Connecticut State Medical Society. By H. M. KNIGHT, M. D., of Lakeville.

This is a very interesting and instructive article on some of the Hallucinations of Childhood, and is from the pen of a physician whose long experience in the care of imbecile children entitle him to speak with authority. In conclusion, he gives the following by no means rare specimen of the effects of the system of pushing which is practiced in some of our schools.

"A frail, delicate girl at school had ten studies! A system of marking was rigidly enforced, 100 being the maximum of good recitations, or perfection in recitation. A monthly report was sent home. All institution and social influences were brought to bear to stimulate to perfection. This girl was obliged to send home one report, in which it was announced to the parents that she lacked 2-100ths of perfection in one or two studies. She accompanied it with a letter of regret and self-condemnation, and expressed her determination to send better returns in the future. Alas! before the next month, disease had claimed its legitimate victim, and that poor over-tasked brain was enjoying such a period of rest as only the delirium of fever affords.

"What unparalleled outrage or unmitigated humbug attends much of this so-called education of our youth!

"Our children need to receive 'that sound education which should consist in the literal educing of the faculties of the mind, of a counteracting agency to the instincts;—one which co-ordinates the faculties of the mind, which gives exercise to reason and judgment, at the same time that it represses without ignoring the instinctive part of our nature.' Precocity is an actual danger, and should not be fostered as a wonderful evidence of talent."

Annual Report of the Connecticut School for Imbeciles, at Lakeville, Conn. 1872.

The report shows this school in a prosperous condition, producing as much good among this unfortunate class as the limited means afforded it will allow. An appeal has been made to the State for further aid, which we hope will meet a speedy response. The State should take as tender care of this class of unfortunates as it does of the insane.

The school is under the superintendence of Dr. H. M. Knight, who is eminently fitted for the place.

Proceedings of the Royal Society. Vol. XX. Nos. 130 to 134 inclusive.

The Transactions of this Society are as usual full of interest. In Number 131 we notice some interesting remarks by F. Le Gros Clark, Surgeon to St. Thomas, accompanied with a diagram, on the Mechanism of Respiration, and an address by A. Dupré on the Elimination of Alcohol. The balance of the papers are mostly of a purely scientific character, uninteresting to the general practitioner.

Report on Practical Medicine made to the Illinois State Medical Society, at the Annual Meeting in May 1872. By T. D. WASHBURN M. D., Hillsboro, Ill.

The prevalent diseases and general conditions of Country and Climate are described, in manner to give much instruction as to the causes and nature of the diseases of the state. There is much in the report worth re-producing. We have space for one paragraph upon practical medicine only.

"Within the last few years, quite a number of active agents have been brought before the profession, and extensively introduced by *reputable* firms, who had spared no pains in advertising them, and giving them all sorts of seductive attractions in the form of syrups, elixirs, capsules, dragées, granules, lozenges, etc.; the popular reputation which certain articles possess in a given class of cases, as Buchu in kidney and bladder affections, strychnia and phosphorus in impaired nerve force, iodoforn and iron as an alterative tonic and anti-neuralgic, have given them much favor with the profession. At the same

time various concentrated alkaloids and resinoids, which have taken the place of the crude roots, barks, and leaves (under which Thompsonianism sprang into life) have been adopted in practice, and enjoy the confidence of the medical world; but with these have appeared still another class, in magnitude *infinitesimal*, in action *herculean*; strange to say they are alike used by *all* the schools and systems of medicine, not excepting homœopathy; I allude to the use of hypodermic injections, chloroform, chloral, curare, Calabar bean, canbiba Indica, croton oil, aconite, atropia, amyl, or hydramyl, gelsiminum, strychnia, *et id genus omne*; *all*, I believe, of *inoffensive* and *harmless* origin, the *vegetable* kingdom, (which thinketh no evil, and doeth no evil with eclectics), but somehow wonderfully increasing the columns of mortality; and giving special activity to the *undertaker*.

I enter no protest to their use. I believe them, in skilful hands, the very boon of Heaven to suffering humanity, but I venture a word of caution against their *abuse*, and earnestly urge upon all, *moderation*, *carefulness* and *discrimination*."

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Transactions of The Medical Society of the State of Pennsylvania, at its Twenty-Third Annual Session. Franklin, Pa., June 1872.

The annual volume of Transactions published by the Medical Society of Pennsylvania is always full of valuable suggestions and interesting papers.

The address of the President Dr. J. S. Crawford is an able and instructive paper. The speaker departs somewhat from the usual course pursued in such an address and treats his hearers to an eloquent review of the past of the Medical profession and some valuable warnings and predictions as to its future. The whole volume is an honor to the Society, and evinces their enthusiasm in matters of Professional advancement.

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LITERARY.—Messrs. Lindsay and Blakiston have issued a new catalogue of Medical Works published by them. They have added to their list of works many new and valuable text books. Any of our readers desiring a copy of the catalogue can obtain one by sending their address to the publishers No. 25 South Sixth Street, Philadelphia, Pa. The high standing of this house will be itself a recommendation to any work published by them.

Messrs. Locke & Jones, Toledo, Ohio, announce that they will issue, November 1st, the initial number of a new literary magazine to be called Locke's Dollar Monthly, with Mr. D. R. Locke, (Nasby) as editor. The well known name of Nasby as editor can not fail to attract subscribers. The price of the magazine is one dollar a year. Those subscribing before Nov. 15th will receive the magazine for two years for one dollar.

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INTRODUCTORY LECTURE.—The lecture introductory to the regular course of lectures, in the Buffalo Medical College will be given by Prof. Rochester, Wednesday evening Nov. 6th in the college Amphitheatre, commencing at 7½ o'clock. Members of the profession are invited to be present. The subjects usually chosen on these occasions are of interest, and those who attend never fail of an instructive and pleasant entertainment.

Books and Pamphlets Received.

The Principles and Practice of Surgery. By Frank Hastings Hamilton, A. M., M. D., LL. D., etc. Illustrated with 467 Engravings on Wood. New York: William Wood & Co., 1872. Buffalo: T. Butler & Son.

Ovarian Tumors: Their Pathology, Diagnosis, and Treatment, especially by Ovariectomy. By E. Randolph Peaselee, M. D., LL. D., etc. With fifty-six illustrations on wood. New York: D. Appleton & Co., 1872. Buffalo: Martin Taylor.

The Science and Practice of Medicine. By William Aitken, M. D., etc. The Third American from the Sixth London Edition. Edited with additions. By Meredith Clymer, M. D. In two vols. With numerous engravings. Philadelphia. Lindsay & Blakiston, 1872. Buffalo: T. Butler & Son.

A Treatise on Diseases of the Nervous System. By William A. Hammond, M. D., etc. Third edition, with additions and corrections. New York: D. Appleton & Co., 1872. Buffalo: Martin Taylor.

On the Functional Diseases of the Renal, Urinary and Reproductive Organs, with a general review of Urinary Pathology. By D. Campbell Black, M. D., L. R. C. S. Edin., etc. Philadelphia: Lindsay & Blakiston, 1872. Buffalo: T. Butler & Son.

The Treatment of Syphilis by Subcutaneous Sublimate Injections. By Dr. George Lewin. Berlin. Translated by Carl Proegler, M. D., and E. H. Gale, M. D. Philadelphia: Lindsay & Blakiston, 1872. Buffalo: T. Butler & Son.

Epidemic Cerebro-Spinal Meningitis. With an Appendix on some points on the cause of the disease as shown by the History of the present Epidemic in the City of New York. By Meredith Clymer, M. D. Philadelphia: Lindsay & Blakiston, 1872. Buffalo: T. Butler & Son.

Small-Pox: The Predisposing Conditions and their Preventives. With a Scientific Exposition of Vaccination. By Dr. Carl Both. Second Edition. Boston: Alex. Moore, 1872. Buffalo: Martin Taylor.

Norman Ovariectomy. By Robert Battey, M. D., Rome, Ga.

Transactions of the Georgia Medical Association at its Twenty-Third Annual Meeting, held at Columbus, Ga., April, 1872.

Re-introduction of Ether into England. Read at the Suffolk District Medical Society. By B. Joy Jeffries, M. D. Re-printed from the *Boston Medical Journal*, of October 3d, 1872.

The Physiology of the Brain. A Discourse delivered before the Oneida County Society, July 9th, 1872. By C. B. Coventry, M. D.

Facts of Vital Statistics in the United States; with Tables and Diagrams. Extracts from an Address by J. M. Toner, M. D.

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Original Communications.

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ART. I.—*Enlarged Prostate, Vesical Catarrh and Consequent Renal Disease.* By J. A. MOWRIS, M. D., Syracuse, N. Y.

It is unfortunate, that the true significance of many a medical case and its possible value to science, cannot be known till made plain by post mortem revelation, when the history of the case in its minutia and natural sequence is perhaps unavailable.

The following case of disease, involving the health and life of one of our most exemplary and influential citizens, possesses a medical interest which amply entitles it to a place in medical literature.

E. B. W., Banker, aged 56, of good habits and excellent general health. The earliest symptoms of derangement was irritation in the neck of the bladder. The urgency of this symptom gradually increased until, in the course of a year, his sufferings from this cause became very severe. There was frequent and painfully urgent desire to evacuate the bladder, with utter inability to do so. This vesical tenesmus was attended with involuntary expulsive efforts of such force as to induce a motion of the bowels. The frequent recurrence of this distressing symptom and consequent exhaustion, at length, disqualified him for the pursuit of his business, and he was forced to relinquish it. At this stage he fell into a state of despondency, characterized by aversion to society. So intense was this

feeling that at times the presence of his most intimate friends was intolerable. He preferred and sought the solitude of his own chamber.

Quite early, his physician was called. Examination disclosed enlarged prostate gland. A resort to the catheter was had, affording great, but temporary, relief. It being evident to the physician that the patient could not empty the bladder without artificial aid, he was instructed, and by that means thereafter relieved himself.

The urgent desire for voiding the urine recurred as often as once in two hours, night and day, and at times much oftener, during the remaining four years of his life, he always responding to the call by the use of the catheter.

The introduction of a sound failed to elicit indications of stone. At this time, something more than a year after his attack, he complied with the suggestion of his physician and other friends, and sought the advice of eminent physicians in New York City. He obtained of them very little satisfaction and no encouragement. Dr. Van Buren, of that city, diagnosed enlarged prostate gland and consequent vesical catarrh, recommended frequent flushing or washing of the internal surface of the bladder with water injections, and expressed the opinion that the derangement would result in fatal renal disease.

His New York physicians concurred in recommending a tour in Europe, in the hope that diversion of mind and necessary exercise would reassure his failing nervous system. Accordingly, on the 25th day of April, 1868, about two years after his attack, accompanied by his wife and son, he set out, taking quite an extensive trans-Atlantic tour. He consulted Simms, of Paris, Thompson, of Edinburgh, and others, eliciting only a repetition of the first diagnosis, but obtained no encouragement.

Though this journey of six months' duration effected no abatement of his local disease, his general health was evidently improved thereby. At times during the tour he was unusually cheerful and quite himself. If his excursion was not remedial to his primary disease, it certainly rendered his remaining days much more tolerable.

His most severe discomfort occurred from four to six o'clock A.

M. These daily paroxysms not unfrequently deranged his plans for resuming his journey. There was also a period of increased distress as often as every tenth day. The punctuality with which these recurred imparted the feature of periodicity.

At intervals of three or four weeks, the discharge from the bladder was a fetid and offensive mixture of blood and pus. Some six months before his death he was seized with chills, which re-appeared at intervals till the final scene.

Anodynes had not been much resorted to till about ten months prior to his death, when chloral hydrate was employed with fine effect. A dose of grs. xv, or grs. xx. procured for him an hour or two refreshing sleep, and to this agent he never resorted in vain till within a day or two of his last hour, when its effect became uncertain and unsatisfactory.

For two or three months there was difficult defecation, due evidently to obstruction by the prostate gland.

Over the region of the left kidney, at length, there appeared a well marked prominence, painful and tender to the touch. It presented the appearance of abscess, as if pointing for external issue. This occurred about six weeks prior to the end, when the powers were rapidly failing. The prominence never matured sufficiently to justify incision.

For two or three months he had been perceptibly declining in strength, though he continued to walk into the yard and about the house, sitting at table and conducting family worship with much regularity; but, on the first day of the present year, he seemed exhausted and unable to rise. For a fortnight he slept only under the influence of choral, and was never again dressed. From this time forth, the evacuation of the bladder was repeated by himself in response to the urgent desire as often as once in fifteen minutes, though the quantity of water was scarcely more than a few drops.

Aphthous sore mouth was latterly super-added to his ills. Severe chills, at short intervals, and an agony which chloral could not control. He sank on the 3d day of February.

Albumen was never detected in the urine—no noticeable anasarca—no dyspepsia. There was wakefulness, but never drowsiness nor stupor.

POST MORTEM APPEARANCES

Twelve hours after death. Body well nourished, complexion sallow, with waxy appearance of the surface—rigor mortis normal. Natural texture of right kidney entirely absent; substitution of fatty formation. Radical incision disclosed large quantity of pus. Left kidney similarly degenerated, but little normal structure remaining; also filled with pus. Bladder contracted to a capacity of perhaps three ounces. Coats much hypertrophied. The bladder also contained pus, and three phosphatic calculi, averaging the size of small filberts. Prostate gland at least four times the normal size, and in a state of profuse suppuration. The pelvis and the renal region were filled with a substance analogous with the fatty degeneration into which the kidneys had been lost.

Many interesting scientific suggestions might be appended to so instructive a case, but their presentation is hardly necessary, as they must readily and variously occur to the average medical mind.

OCTOBER 16th, 1872.

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ART. II.—*Case of Instrumental Delivery. Case of Imperforate Anus.* By L. A. HARCOURT, M. D.

CASE I. In August, 1871, was called to see Mrs. M., a German, aged 37 years, married at 17, in labor with her first child. She had never before been pregnant, and she and her husband had long despaired of having any issue. For nearly seventeen long years their efforts at procreation had been fruitless, and now, when the happy hour had come—the hour that was to witness the fruition of their fondest hopes, and gladden their hearts by presenting them with an heir to their joint affections and worldly goods—nature seemed to be contravened, and wholly inadequate to the accomplishment of the task before it. Sixty hours had elapsed since the commencement of her labor, but for the last twelve, the uterus had been in a state of inertia. She had been attended for two days by some quack, or self-constituted doctor, who, having done all the mischief he could with ergot, left her in her trouble, saying nothing more could be done. The minister was there, and had prepared her for death. Such was the history of the case given by the nurse on my arrival.

When she saw me enter the room she feebly exclaimed, "too late ! too late !" I emphatically answered "nein ! nein !"

A vaginal examination found the head in the pelvic cavity, between the two straits, the vertex presenting, occiput to the left anterior. The head appeared to be of normal size, but the pelvis seemed to be contracted at the inferior strait, especially in the antero-posterior diameter, and the unyielding coccyx rendered it more so. The vagina was dry and hot, and the scalp corrugated. The os uteri was well dilated and soft, the anterior lip lower down than the posterior.

The woman herself was well nigh exhausted from the protracted struggle. All hope and courage gone. The pulse was feeble and fluttering, respiration labored, tongue dry and brown, lips parched, teeth black with sordees, extremities cold, and the surface covered with a clammy sweat. It was not a promising case. To my mind, there was but one indication, immediate delivery with the forceps.

I told her husband she would inevitably die if left to the resources of nature, while a speedy delivery might possibly save her life, and that of her child, if it were still living, which was somewhat doubtful. He consented, and I gave the patient some brandy before commencing the operation. I then applied the forceps, rotated the head to the right, bringing the occiput under the pubis and in ten or fifteen minutes completed the delivery. There was not the slightest contraction of the uterus during the operation.

The child was asphyxiated, but after a few faithful efforts at artificial respiration, it showed unmistakable signs of life, to the great joy of those who had so long looked for its coming.

I never attended a case where I was more anxious that the child should be alive.

I then removed the placenta, and by friction and other means compelled the womb to contract.

The woman made a good recovery, and doubtless considered herself pre-eminently blest in giving birth to a son, after so many years of fruitless expectation. And this is, perhaps, the only interesting or extraordinary feature in the case.

CASE II. January 4th, 1872, was called to see an infant two

days old, which, up to that time, had never had a movement of the bowels. The midwife had gone through the whole round of infantile cathartics, before discovering that the anus was imperforate. In this condition of affairs, my services were called into requisition. I had never before seen a case of the kind, yet knew well what it was, and what I should attempt to do. The operation, however, proved far more extensive than I anticipated. Where the anus ought to be, there were three cicatrices, one passing directly through the centre from before backwards, and one on either side, in curved lines, forming an elliptical figure, perhaps one-half inch long and one-quarter wide. The integument was thick and tough.

I made an incision along the central cicatrix, its whole length, through the integument and superficial fascia. This brought me to a deep layer of adipose tissue, which on being divided, puffed out like huge oil globules. Under this was some muscular tissue, which I carefully divided, and still did not find the rectum. The tissue again seemed to be adipose, which made me fear I was not cutting in the right direction. Inserting my little finger into the wound, and pushing the tissues aside with its point, I distinctly felt the closed end of the rectum. It was so high that my finger passed up to the second joint, a full inch and a half, before reaching it. It was not fixed, but would move upwards on pressure being made from below. There was a seam or cicatrix similar to the one on the outside, extending from before backwards, and showing where the parts had grown together. I held it down with a tenaculum, and made an opening into it in the direction of the seam, when there was an immediate, free and full evacuation of the bowels. With a single suture, I fastened each side of the gut to the corresponding side of the muscular tissue, and then inserted a short tube, carefully smeared with carbolic acid ointment. For a few days I dressed the wound, until the child's father, who was very poor, thought he could do it himself. A week after, he told me the child was doing well, that its bowels moved regularly, and that the wound was healing kindly. Fourteen days after the operation, he came for me, saying the child was very sick. I went to see it, and found it dying from pulmonary congestion. The bow-

els were soft and in good condition, nor was there the slightest trace of inflammatory action about them or the wound. The latter was almost healed, and the rectum had come down within half an inch of the external opening. I was satisfied, and so were its parents, that the operation had nothing to do with the child's death.

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ART. III.—*Medical Society of the County of Albany. Annual Meeting Nov. 12th, 1872.*

Reported by F. C. Curtis, M. D., Secretary.

The annual meeting of the Albany County Medical Society was held at the City Hall, in Albany, Dr. JOSEPH LEWI, President, in the chair. The Treasurer made his report, showing the Society to be in a flourishing financial condition. Dr. J. P. BOYD, of the Board of Censors, reported for membership the names of Drs. R. A. Starkweather, J. H. Lsgrange, and G. L. Ullman, who were elected. Drs. Zeh, of Berne; and Gallup, of Knox; Fenelly, of W. Troy; and Felix Weidman, of Westerloo, were proposed for membership.

Dr. LEWI then made the annual address, as President, on the subject of Idiopathic Peritonitis. After alluding to traumatic and puerperal peritonitis, he continued: The above named kinds of peritonitis are especially favored by the different authors, with minute description of their nature, symptoms, and treatment, leaving for the *idiopathic*, or, as some call it, the rheumatic peritonitis, only a little space, under the pretense that this malady, contracted by a cold, is very rare, and hardly ever attacks persons in general good health.

Although the last mentioned variety of peritonitis is not as frequent as inflammation of other serous membranes, especially the pleura, I venture to maintain that peritonitis, especially in childhood, say from two to fifteen years of age, is of more frequent occurrence than pericarditis, and, from causes to be stated, more fatal than pleurisy. I will also state here that a twenty-six years' practice has taught me that this malady presents to a young practitioner more difficulties in forming a diagnosis, and adopting a mode of treatment, and more embarrassment in giving satisfaction as to prognosis, than any other inflammation.

Sometimes there are no premonitory symptoms, but in most cases a slight or violent chill will compel the otherwise well appearing individual to retire from his avocation. After six or twelve hours the inflammation will, in very distinct cases, manifest itself by an intense fever, frequent pulse, high temperature, and a more or less violent pain on one or the other side of the abdomen, which side or spot will be very sensitive to the touch, so much so that the pressure of the bed clothes will be intolerable to the patient, who lies still, immovable on his back, his lower extremities drawn up. He talks little, and in a low tone. After a shorter or longer time the abdomen becomes bloated and filled with gas, which crowds against the diaphragm to such an extent that the lungs are compressed and impeded in their action, respiration becoming difficult and frequent. Constipation and vomiting generally accompany these symptoms of acute peritonitis. In fatal cases all these symptoms increase in intensity and violence; the abdomen becomes hard and tympanitic; the lungs and heart become so compressed that the respiration is very laborious; the agony of the patient is terrible. At last he becomes apathetic and delirious, the pulse smaller and more frequent; the skin is covered with a cold sweat, and the patient dies. In a great many cases the disease does not reach such a deplorable height. The symptoms after having culminated, the intolerable pains and difficulty of breathing grow gradually milder and less, and the patient recovers after the lapse of a few days or weeks. And in some instances, even after the malady has assumed all the bad features described above, it makes a retrograde movement, the symptoms come to a stand still, exudation of the infiltrated blood takes place, an abscess forms, the contents of which either discharge through the walls of the abdomen by nature's efforts, or a surgical interference, or they penetrate into the adjoining rectum or bladder, whence they are expelled with the fæces or urine, and the patient may recover entirely, or may be troubled temporarily, or for the remainder of his life, with the results of this extraordinary termination of the disease.

So much for the regular process of cases of idiopathic peritonitis, as described by most authors, and known to all practitioners.

The management of such cases of peritonitis has been, as late as twenty-five years ago, strongly anti-phlogistic. Blood-letting by venesection and the application of leeches, mercurial preparations internally and externally, scanty nourishment and the mildest of drinks in the inflammatory stage; absorbents internally, and blisters externally, in the stage of exudation, has been the treatment of authors of former times. This treatment has been almost universally abandoned as irrational and pernicious in general; yet, although it has been demonstrated that by promoting the peristaltic motion of the bowels the symptoms of inflammation will be aggravated, and that loss of blood will add so much to the general debility resulting from the disease itself; and although we must admit that vast numbers of the human race have suffered an untimely death by this course, my long experience and close observation dictate to me to say here, that there are exceptional cases of peritonitis where the application of leeches, and even venesection, is not only permitted, but imperatively demanded to save the life in some cases, and to bring on a speedier cure in others. If a person extraordinary in development and plethoric in appearance is, after exposure, etc., seized with all the above described abdominal symptoms to such a degree as to bring, within twenty-four hours, his pulse to 120-130, the temperature to 103°, and his respiration to 40-50; if congestion of the brain, delirium and a cyanotic appearance of the face should accompany these symptoms, a practitioner is in my opinion not only justified, but morally obliged to resort to blood-letting. I have seen in a large number of cases the most beneficial results from it. The circulation and respiration improved so much that the inflammation took its natural course, and was in time conquered by less heroic medicines; and it is to be presumed in these cases, or a majority of them, the violent onset would have destroyed life before the disease had fairly developed, and before any other measure could have made any impression on the so disturbed system. But with the exception of blood-letting in such exceptional cases, and counter-irritants in the later stages of the disease, all the appliances belonging to the antiphlogistic and depleting mode of treatment ought to be relinquished for all time to come.

In a great many, and as my experience tells me, in a majority of cases of idiopathic peritonitis, the course of its development is irregular, and therefore not easily to be distinguished from other complaints of the abdomen; and if the practitioner does not take heed and is overhasty in forming a diagnosis, the patient's life may be endangered, or even destroyed, with the reputation of the physician. In such cases the patient becomes indisposed and morose, loses his appetite, and complains occasionally of a dull, annoying pain in the abdomen. Aversion to all kinds of solid food and an inclination to vomit satisfy him, or his neighbor, that his "stomach is out of order," and a good strong physic is taken. The remedy generally distresses the patient more or less; he tries, and after a while succeeds, in throwing up the same, as well as the contents of the stomach, with a good portion of bile. Being relieved of the distress, but exhausted by the exertion, he imagines that he feels better, but soon after complains of the pain all over the abdomen: at this stage only, even in better classes of society, the physician is sent for. The patient explains that he is not sick, only a little out of order for a few days back, that he was constipated, and took medicine for it, which was not strong enough, and that a strong laxative to remove the bile, will probably be the best for his case. The physician examines the case and finds a circumscribed space in the abdomen painful to the touch; that there is no expansion of the abdomen, no tympanitis, no fever; all the symptoms of the digestive organs correspond to the narrative of the patient, and he is very apt to act on the suggestion of the patient, and aggravate the case most decidedly. If the proper course is adopted, the patient will have the benefit of temporary relief under all circumstances, and if it be a mild case, he may recover within a few days. If it is a severe case the symptoms will develop themselves in the course of a day or two, so as not to leave any doubt in the mind of the physician as to the nature of the disease, and then it will be time to adopt the treatment of modern authors.

Peritonitis occurring in children under six years of age presents especial difficulties. Compared with other abdominal diseases at this age it is of very rare occurrence, and the parents having resorted to laxatives or very drastic vermifuges before the phy-

sician is called, the mischief is done to make the case a desperate one. The pain in the abdomen, before slight, has changed into a violent one. The physic did not evacuate the bowels, but caused them to swell up and be sensitive to the touch. Insatiable thirst, high fever and a tendency to vomit are the result of the harmless medicine given yesterday. If the physician is misled in this primitive stage, and induced to give purgatives, he will only find out his mistake when it is too late to correct it. To avoid the commission of such mistakes in similar cases, I would advise young practitioners to take the utmost pains in making the examination, to be reserved in expressing an opinion, and to adopt an expectant treatment. Warm applications in the form of wet flannel or poultices, small doses of opiates, mild drinks, a horizontal position and positive rest will in most of these cases accomplish a cure. In some cases it may assume a chronic course and require absorbents, counter-irritants and tonics; in others, the above semi-acute inflammation may after a few days develop into a violent acute inflammation, and require a more heroic treatment.

But under all circumstances, even if the diagnosis should turn out to be incorrect, and the patient should suffer from colic or worm fever, or the painful spot should develop into a muscular abscess, no harm will have been done, and no aggravation of the symptoms caused by the mode of treatment.

In all cases of suspected peritonitis, where the symptoms are not conclusive, the physician should call to mind all diseases that could be mistaken for it. Catamenial and uterine colic, hysterical pain in females, pains from indigestion, bilious colic, inflammation of the duodenum, stomach or liver, enteritis, retention of urine, worms and wind colic, present in some instances similar symptoms. The physician may examine whether the patient is at or near a menstrual period, or whether she is pregnant, or he may ascertain that these symptoms of peritonitis are due to the irregular functions of some afflicted digestive organ, and proceed energetically to relieve the patient at once. But if there remain a shadow of doubt in the mind of the physician about the existence of an inflammation in the peritoneum, he must content himself with the administration of such remedies as to relieve the patient of pain and distress, to

give him necessary rest and comfort, and to keep his strength intact for the expected struggle.

Dr. LEWI closed his paper with a few words of congratulation to the society, and a brief allusion to the recent death of Dr. PETER VAN OLINDA.

On motion of Dr. QUACKENBUSH the thanks of the society were given to Dr. Lewi, and the paper referred to the State Medical Society for publication in their transactions.

Election of officers being next in order, Dr. SWINBURNE made remarks upon the lack of agreement in the society in the past, the overcoming this in a measure by the election of neutral officers during the past year, and the obligation the society was under to perpetuate this by moderation and concession on both sides for the present election. He offered a resolution that a nominating committee consisting of Drs. James McNaughton and J. P. Boyd, W. H. Bailey and J. V. P. Quackenbush be appointed, who should agree upon a ticket. After considerable discussion this was adopted by a *viva voce* vote of 31 to 29, and the committee retired for consultation.

Dr. DEVOL presented a ranular calculus of the size of a cherry stone, of light color and rough surface, which had been ejected from the sub-lingual gland of a patient. Dr. Sabin in the connection mentioned a case of his own, where he had removed a vesical calculus nearly as large as a peach stone from the urethra of a young woman. It had worked nearly down to the meatus, but was with difficulty removed.

The nominating committee reported through Dr. McNaughton that they were unable to agree upon a ticket. The election was then proceeded with and resulted as follows: President—A. VAN DERVEER. Vice President—A. W. SHILAND. Secretary—F. C. CURTIS. Treasurer—W. H. MURRAY. Delegates to State Medical Society—C. A. ROBERTSON, D. V. O'LEARY, A. FOWLER, H. MARCH.

Delegates to the American Medical Association and the board of Censors were continued the same as last year.

The society then adjourned.

ART. IV.—*Clinical Remarks on Surgical Cases in The Buffalo Hospital of the Sisters of Charity.* By. Prof. J. F. MINER, M. D.

(Reported by EDWARD N. BRUSH.)

Case I. *Ligation of the Femoral Artery.* Patrick Leary, aged 36 was admitted to the Hospital Sept. 19, 1872. His history is as follows: While passing between two cars they came together, and a large iron bolt similar to the coupling pin was thrust into the anterior and inner portion of the left thigh passing back of the bone completely through the muscular portion. I saw him a few moments after the accident and on making an examination found the condition of the leg as just stated. The wound was largest on the front of the thigh and I could pass two fingers completely through the opening. The bone was not injured, and there was but little bleeding, the wound being a lacerated one.

He was, by my advise, sent to the Hospital where he fell under the care of Dr. Boardman at that time in charge. When I entered upon my term at the Hospital, Oct. 1st, I found the patient doing well, the wound healing, and with the exception of a slight diarrhoea every thing was progressing favorably. Early on the morning of the 2d I was hastily summoned to see the patient, and found that he had been bleeding profusely from the wound.

With the assistance of Dr. Boardman I ligated the Femoral Artery below the Profunda. All hæmorrhage immediately ceased. The patient on recovering from the Anæsthesia seemed quite cheerful although faint from loss of blood. He was placed in bed and tonics and stimulants administered. Every thing progressed favorably, the parts retained their natural color and heat, the process of repair in the original wound went on, and our patient seemed in a fair way of recovering, when in about forty-eight hours from the first hæmorrhage, he began to bleed again. The nurse having been warned of the possibility of such an occurrence was prepared and soon checked the bleeding. On the morning of the 4th with the assistance of Dr. Boardman I again ligated the Femoral this time above the Profunda as the bleeding was now clearly from that vessel.

The patient was again placed in bed, stimulus administered and

heat applied to the leg. But Gentlemen, I am sorry to say, every thing we could do for the unfortunate man was of no avail, the leg began to mortify and the patient growing weaker and weaker day after day, at the end of a week died delirious. The question naturally arises, and Gentlemen, it is one which will often arise in your minds; did we do the best thing for our patient, would amputation have afforded him a better chance for his life? You are all of you more or less familiar with the results of amputation of the thigh, you know that it is a serious operation, and that in many instances it is a fatal one.

To have amputated at the first operation would have perhaps been looked upon as unnecessary. To have performed the operation at the time of the second ligation would have probably from the weak and exhausted state of the patient, proved fatal.

In my own mind however the question has arisen as to whether I did right in not amputating in the first instance. We often learn more from our mistakes, than we do from our most brilliant successes, and I leave this case to your consideration, hoping that you may be enabled to profit by it.

CASE II. *Necrosis of the Tibia.* Michael Carmody, aged 43 was admitted to the Hospital Oct. 1st 1872, with the following history: On the 28th of July while getting from a train in motion, he received a severe blow upon the tibia producing an abrasion of the skin which resulted in an open ulcer through which at various times spiculæ of bone were discharged.

On being admitted to the hospital an examination revealed necrosed bone, and an operation was determined upon.

Oct. 4th. The patient was put under the influence of chloroform and an incision made down to the bone, which was found necrosed for a space of three inches in length by one in breadth.

By the use of a sharp gouge the dead bone was removed, the parts brought loosely in apposition, and warm water dressing applied. With the exception of a slight hæmorrhage which was easily controlled, every thing progressed favorably and in about five weeks the patient was discharged cured.

CASE III. *Amputation of Thigh.* Andrew J——, a sailor, aged 21, was admitted to the Marine Ward, in June, with a injury

caused by a barrel of flour falling from a height of eight feet upon his knee. He was subsequently transferred to the Surgical ward, then in charge of Dr. Boardman. When he came under my care I found the leg and foot enormously swollen, as you now see. Several openings are seen from which pus is discharged, and on introduction of probe, dead bone is detected near the knee. The nurse says that in moving the leg he has at different times felt a distinct grating sound in the knee joint. I am, however, unable at present to detect any such feeling.

Our patient being placed under the influence of chloroform, I will introduce a silver probe into some of these various sinuses which evidently lead down to the bone. By the aid of the probe I find the femur diseased and roughened as high up as the junction of the lower and middle third. The tibia is also found to be diseased for nearly its whole length.

The question now comes up, what shall we do for our patient. Exsection from the amount of bone implicated is out of the question. Were the bones of the leg simply implicated this procedure might be considered, or was the knee joint alone implicated excision might be substituted in place of amputation.

I have in my possession the shaft of the fibula, which I will show you when I come to talk about exsections which I removed for disease; the patient recovered in a short time, and had good use of his leg. I have also several times removed various portions of the tibia for disease or injury, and in the majority of cases with a good result. Exsection of any considerable portion of the shaft of the femur, while it is attended with considerable risk, would not, if successful, afford the patient a useful limb. The head and neck of this bone have, however, been removed for disease of the hip joint, and in instances where the patient was not too much exhausted by the disease, with good results. Of excision of the knee joint I cannot speak so favorably. Some of you saw the operation performed in this hospital last winter, for gun-shot injury, with a fatal result.

Prof. Hamilton says that he fully believes that in cases of excision of this joint full fifty per cent. have proved fatal or required

subsequent amputation. In cases of excision for gun-shot wounds the mortality is even higher than this.

Amputation, then, is our only alternative, and from the appearance of our patient I have many grave doubts as to its success.

Amputations, gentlemen, as you know, are divided into two classes, primary and secondary; primary being those which are performed immediately after reaction; while a secondary amputation is that which is performed after the part has passed through the various stages of inflammation. It is evident to you all that this is a secondary amputation.

The general mortality in amputations of the thigh in civil practice, ranges from 35 to 50 per cent. The mortality increases in a direct ratio as you approach the trunk.

The causes which induce a fatal result in amputations are shock, hemorrhage, pyæmia, erysipelas, profuse suppuration, gangrene, etc. As to the nature of these causes you will be more fully instructed hereafter.

The patient is now fully under the influence of the chloroform, and I will proceed to amputate the thigh. In order to escape all diseased bone, I will make the section through the middle third, using the flap method. After securing the bleeding vessels, the sharp edges of the bone will be smoothed off by the bone forceps.

The flaps are now carefully sponged off and brought together by silk sutures and supported by adhesive plaster, warm water dressings applied, and the patient returned to his bed. On recovering from the anæsthetic he will be allowed a little brandy and water to stimulate him, and opium to allay pain.

Should the case progress favorably, he will be kept supported, good food given him, and all the proper hygienic measures adopted to prevent, if possible, any of the sequelæ, which often follow such operations.

[Contrary to the general expectation, the patient made a rapid convalescence, and in less than a month was able to be out of bed.]

CASE IV.—*Necrosis of Femur*.—Thomas Ryan, aged 19, comes before you to-day, gentlemen, to have an operation performed for necrosis of the femur.

He has been suffering for upward of two years, but cannot trace

the disease to any direct injury. With some of the causes which will induce necrosis or death of bone you are, some of you, familiar; to the others it will be more fully explained hereafter, and need, not on this occasion receive our attention. Suffice it to say that the bone loses its nutrition and dies. After the death of the bone it becomes simply a foreign body, and nature makes an effort to throw it off. Fistulous openings appear over the part affected, through which pus and spiculæ of bone are from time to time discharged.

These openings are plainly to be seen in the case of this young man, and he informs me that small portions of bone have at various times been discharged through some of the many openings which have made their appearance in different portions of the lower third of his thigh.

In the case before you the periosteum has become separated from the bone. New bone has been formed or secreted by the periosteum enclosing the old dead bone, to which the name of a sequestrum is now given.

The discharge produced by the irritating action of the old bone, which now acts as a foreign substance, and the pus secreted by the granulations of new bone, find way out through openings in the new bone and periosteum. New bone is not deposited at these points, and they remain open, giving exit to pus and at times to spiculæ of bone. These openings in the bone are termed cloacæ. I am able through the cutaneous opening to introduce my probe into one of these cloacæ and immediately come upon dead bone. This is not, however, the only appearance which necrosed bone presents.

The periosteum is separated, and death ensuing, the dead portions are immediately thrown off without being inclosed, and if the surface involved is not too great, nature by her efforts may effect a spontaneous cure, otherwise a very slight operation will often be sufficient to relieve the patient.

Syphilis may cause necrosis, and when this is known or suspected to be the fact, the patient should be put upon constitutional treatment before an operation is attempted.

The patient being now fully anæsthetized, I will open down to

the bone, following the track of one of these fistulæ. I come immediately upon an opening in the new bone, which being too small to admit of the introduction of my finger or forceps, I will enlarge with the gouge and trephine.

I am now able to introduce my strong forceps into the opening and remove this sequestrum, which lies loose in the cavity. I feel with my fingers and probe various other smaller ones, which are carefully removed until the whole cavity now feels smooth and destitute of all foreign substance. The wound will be brought together and warm water dressings applied.

[This patient progressed favorably for a few days, when symptoms of pyæmia showed themselves, and in about two weeks he died.]

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Correspondence.

PROF. MINER, *Editor Buffalo Medical and Surgical Journal.*

SIR,—I have the pleasure of communicating the following (to me) very peculiar case: Mr. J. G——, a native of Ireland, called my attention to his case about two weeks ago. He gave me his past history as follows: Has been a laborer on public works all his time since childhood, has drunk to excess at times, has been in this country fifteen years, had scrofula several times, in fact, there were a dozen cicatrices to be seen in the sub-maxillary and inguinal region alone. He has had a cough about a year and expectoration seven or eight months of the time. On the 13th of June last a small abscess formed upon the chest between the first and second ribs on the right side, and close to the sternum. It discharged pus, and still continued to do so until his death, the quantity gradually increasing. When I first saw him the right shoulder dropped nearly three inches, the sternal end of the clavicle was disarticulated and drawn up about one and half inches.

In the first intercostal space, about one inch to the right side of

the sternum, was an opening one-half inch in diameter, with a discharge of pus and air at every expiration. There was dullness over both lungs. Auscultation denoted softened tubercles and cavities.

Patient died Oct. 21, 1872. Sectio cadaveris, twenty hours after death. Sawed through the ribs upon both sides and lifted the whole frame of the thoracic walls. Upon the upper and anterior part of the right lung there was pleuritic adhesions enclosing a large vomica, into which the sinus opened. Freeing this from pus I found the right bronchial tube, about three inches from its entering the lung, passing entirely through this opening or vomica. Both lungs were thickly studded with softened tubercles. There was several vomica to be seen in the left. The clavicle was disarticulated at its sternal end, and drawn up by the contraction of the sterno-cleido-mastoid muscle. About one of the first rib was gone, and the right border of the sternum at the articulations of the clavicle and first rib was carious. Tuberculosis we are all too familiar with, but to have the most of the discharge from the lung through a sinus leading to a bronchial tube is a rare anomaly so far as my knowledge extends upon such matters.

Comments on my part are unnecessary.

Respectfully yours,

DEWITT C. CRUMB.

Preston, N. Y., Oct. 24, 1872.

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Miscellaneous.

Children—Their Diseases and Treatment.

The following is from an address by Dr. MATTOCKS, in the *Transactions of the Minnesota State Medical Society* :—

A very common error we often fall into is the generalization of the diseases of children; for instance, the treatment of teething, and its many complications, as a special disease.

This brings us to a brief consideration of the treatment of children.

Advanced medical science advises but little medicine in the treatment of children. Advanced ignorance admits no medicine at all. As a general rule the acute endemic diseases of infancy are traceable to some known cause; such as scanty or improper food—else exposure to the changes and vicissitudes of the weather; or, to put our proposition differently, adult diseases occur, children's

sicknesses are caused. Taking this view of the case, the indication would be to protect children from the ignorance of their nurses, to demonstrate to them, if possible, the cause of the present attack, that they may in the future be on their guard against similar exposures.

In our *practice* with adults, we often neglect to trace out the cause of their disease. In many instances it is unnecessary. With children, however, the case is very different. Here we must find, oftentimes, our indication for treatment from the cause of the disease. For instance, in diarrhoea. With the adult, the simple fact of diarrhoea may be sufficient. Our duty is to check it. With the infant, on the contrary, we must know what caused the diarrhoea, whether it be irritating food, an insufficiency of food, or whether it be simply the result of reflex irritation.

The diarrhoeas of childhood, as a general thing, are the result of improper food. This leads to the inquiry, what is the proper food for an infant? It is certainly strange that we should ever find it necessary to ask this question, what food shall we give a baby? Give it milk, of course—breast milk, if possible, if not, good cow's milk. But are you sure about this, you ask—better men than you have advised differently. Another says, I have fed my children with an artificial preparation, and they thrive on it. Yes, says another, and even better than upon breast milk. To this we answer, we have seen children thrive in squalor, filth, and exposure, but where one has lived through this ordeal of uncleanness, a dozen have died by reason of it.

Most of the writers upon the diseases of children, and all the discoverers of artificial food for infants, dwell in large cities where it is impossible to obtain good cow's milk, and rather than use an impure article, they are forced to resort to other means.

It does not necessarily follow, however, that because Prof. Meigs has found it necessary in Philadelphia to modify the diet of his little patients—when good food cannot be obtained—that you and I must do the same, living in a land where good milk is abundant, any more than we should send our sick babies to Fairmount Park, in Philadelphia, because the physicians of Philadelphia do it. Because Baron Leibig found it necessary to compound a food for his little grandson, must we use the same for everybody else's little grandsons? If good breast-milk cannot be obtained, I think we should establish a rule that good cow's milk, properly diluted, should be its substitute—that is, if good cow's milk can be obtained, of course insisting that milk from one cow should be used. In some instances, few we think, this food does not seem to agree with our patients: perhaps we do not sufficiently dilute it, or may be the milk is not fresh (we should bear in mind that nature furnishes the infant milk fresh from the breast), or that the utensils are not clean, or some other reason may exist, which patient and judicious investigation may remove.

A few pages might be spent with fitness in discussing the clothing of children, or rather the want of it. The physician is culpable who does not attend to the clothing of his little patients, or rather call the mother's attention to the matter, from time to time.

We remarked that the diseases of children were not necessarily peculiar. This is true of the treatment of children. They must be treated symptomatically. It seems to us that children suffer more than adults when sick, just as nervous people suffer more when sick than the phlegmatic. Besides, the alimentary canal and the brain seem to be the seat of diseases more often with the little ones, and our personal experience teaches us that where either the one or the other is involved, much suffering ensues.—*Medical and Surgical Reporter*.

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Eclecticism Defined.

The Iowa State Eclectic Medical Association recently passed the following resolutions :

WHEREAS, The term Eclecticism has been variously construed by different parties; and, whereas, the clear enunciation of our principles from time to time will enable the medical fraternity, and the people, to better understand our system of practice; therefore,

Resolved, As the sense of this convention, that the total rejection of venesection, arsenic, and antimony, and all their compounds and preparations, as well as lead and copper, and all their compounds and preparations, except as topical applications, are now and ever have been radical and cardinal features of our system of practice.

Resolved, That we doubt the propriety of introducing into the diseased human body, metals which compose no part of it in health, and which are slowly and imperfectly eliminated, and insist on the superiority of organic remedies and those metals found in the normal human body.

We cannot find in these resolutions a "peg on which to hang one's hat." Certainly there are no principles enunciated upon which to base a system of medicine. Very many regular physicians never order venesection or prescribe arsenic, corrosive sublimate, etc., and employ antimony very sparingly, if at all. In fact we know regular physicians of large practice, who, probably, do not make use of that great bug-bear among eclectics, calomel, half a dozen times in a year. "Allopathists" differ more in their views and modes of practice among themselves, than is set forth in these resolutions as the difference between eclecticism and regular medicine.

But the "minerals" which the eclectics *taboo per orem* they make use of topically. But what is the difference in the action of

a medicine on the system, whether it is introduced through the stomach or through the skin or any free surface? Arsenic will as certainly kill when introduced topically in proper doses as when given by the mouth.

It is stated that the propriety is doubted of introducing into the diseased human body, metals which compose no part of it in health. But why not as well introduce metals into the body which are not found naturally there, as to introduce other materials that are not found in the healthy body? What more objections can there be in employing antimony internally, for certain effect, than there are in making use of alcohol to bring about particular results. The latter no more composes a part of the body than the former. And so with many other remedies that eclectics employ. But if a medicine can be made use of properly externally upon the skin, or an ulcerated surface, why not internally upon the mucous membrane of the stomach or intestines? When lead is exhibited by a regular physician it is generally in small doses, in dysentery, etc., for its astringent effect—in other words, as an *internal* topical agent. And why not, if it can be employed externally? Supposing, even, it has to be absorbed and conveyed by the blood in order to reach a part where its action is needed? What harm is done? The blood is all the time, in health, acting as a sort of a sewer in conveying along its channel effete materials and combinations formed in the body, that do not compose a part of the body. This it does, too, without detriment—it is a part of its office.

Eclecticism may succeed very well among the ignorant who are unable to detect a very transparent folly, but it can have no success among intelligent people. The latter are not scared by the cry of "mineral poison," knowing, as they do, that the most virulent and the most to be dreaded, are furnished by the vegetable world.—*Cincinnati Medical News*.

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Dry Gangrene Following the Use of Carbolic Acid.

M. Poncet, an *interne* of the Lyons Hospital, records in the *Bulletin de Therapeutique* (July 30th), a case which he considers rightly to convey a caution against the rash use of carbolic acid by non-professional persons. A girl, aged 13, had her fore-finger injured by a splinter of wood, which penetrated under the nail. The end of the finger was dipped in a bottle of solution of carbolic acid, and a compress soaked in the acid was applied. The next day the part had a greyish color, and was insensible; and when M. Olliver first saw her, a week afterwards, mortification had extended as far as the upper third of the second phalanx, and a line of demarcation was being formed. The finger assumed a mummified appearance, and separated on the thirty-fifth day. This occurrence suggested to M. Olliver the possibility of amputating fingers and toes by means of the application of carbolic acid; and experiments were

accordingly made by M. Viennois on rabbits and fowls. The results showed that the application of carbolic acid was liable to be followed by toxic symptoms; but that these might be prevented by the application of a ligature. M. Olliver endeavored to put the plan into execution in a case of disease of the great toe, by plunging it for some minutes in a concentrated solution of carbolic acid; the thickness of the epidermis, however, prevented mortification from being produced. M. Poncet records also the case of a man aged 23, who, having wounded the end of one of his fingers, applied for ten days charpie impregnated with carbolic acid, and afterwards poaltices. When he applied to M. Olliver, two months after the accident, the terminal phalanx was in a state of dry gangrene, and was removed a few days afterwards.—*Medical Reporter*

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EIGHT CHILDREN AT A BIRTH.—On the 24th of Aug., Mrs. Timothy Bradlee, of Trumbull Co., Ohio, gave birth to eight children—three girls and five boys. They are all living, and are healthy, but quite small. Mr. Bradlee was married six years ago to Eunice Mowery, who weighed 273 pounds on the day of her marriage. She has given birth to two pairs of twins, and now eight more, making twelve children in eight years. Mrs. Bradlee was a triplet, her mother and father being twins, and her grandmother the mother of five pairs of twins.—*Ex.*

This story, which has been going the rounds of most of our exchanges, started several years ago as a joke; since its revival this time it has been denied by parties acquainted with the history of the case.—*Ed.*

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THE INVENTION OF SPECTACLES.—On a tombstone in Florence is this inscription: "Here lies Salvino Armato d'Armati, of Florence, the inventor of spectacles. May God pardon his sins. The year 1318.—*Ex.*"

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LEXICOGRAPHY OF THE HORSE DISEASE.—An extensive vocabulary has suddenly arisen in connection with the horse disease. It is variously called Horse influenza, Epihippic, Hippozymotic, Hippozootic, Hippo Grippe, Catarrhal fever, Typhoid Laryngitis, Lung fever, Hippo-malaria, Epyzooty, Equine influenza, Hippic distemper and Equine catarrhal affection. Out of this assortment, Phil-hippicks may select the correct term.—*Med. and Surg. Reporter.*

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EFFECT OF SEWER GAS.—Investigation into the probable cause of the sickness which has just caused the closing of the Rhode Island conference seminary, at Greenwich, R. I., has resulted in the discovery of a leak in the sewer, in the rear of a boarding house, caused by rats, by which a portion of the sink drainage was deposited under the rear of the house.—*Med. and Surg. Reporter.*

Disease of the Femur; Amputation at the Hip-joint, Recovery.

The following case is of considerable interest, inasmuch as it is one of necrosis of the shaft of a large bone occurring without any suppuration whatever. The history pointed to a malignant affection, but a most careful examination of the bone after removal failed to detect such a condition, and showed without doubt a necrosis. For the notes of the case we are indebted to Mr. Parnell, house-surgeon.

J. B., aged twenty-two, a thin, emaciated young man, was admitted into St. Bartholomew's Hospital, under the care of Mr. Morrant Baker, on August 13, with disease of the left femur. The history is as follows: Ten weeks before admission he went to bed quite well, but on waking in the morning he felt great pain in his left thigh; on the next day he noticed that the thigh was swollen. This went on increasing for six weeks, when, as the patient was walking in his room, the bone broke spontaneously, and he fell down; and since then he has been unable to walk. On admission the left thigh was greatly swollen, the swelling being due to increased thickness of the bone. At about the middle third the bone was angularly curved, the prominence being outwards and forwards; and there was an inch and a half of shortening.

The case being diagnosed as malignant disease, amputation at the hip-joint was performed on August 15. Chloroform being administered, an abdominal tourniquet was applied over the lower part of the aorta. Antero-posterior flaps were then made by transfixion, the posterior flap being several inches longer than the anterior one. The femoral vessels were compressed by an assistant seizing the anterior flap as the knife cut outwards. There was very little blood lost, but many ligatures were necessary to secure the bleeding vessels. The surfaces of the flaps being washed with a carbolic acid solution, the wound was brought together by wire sutures, the ends of the ligatures hanging out at the extremity of the wound. Lastly, a large pad of lint soaked in carbolized olive oil was placed over the stump, which was then supported by means of a bandage.

On inspection of the removed limb, the muscles surrounding the bone were pale and appeared to be extensively infiltrated; the bone was thickened through the greater part of its extent, but markedly so at and below the seat of fracture, which was at the upper part of the middle third. On longitudinal section of the bone, the well-defined compact portion was seen to be surrounded by a firm casing about a quarter of an inch thick; here and there, however, the continuity of the compact tissue was interrupted. On a more careful examination made subsequently, it was found that the shaft of the bone was necrosed, and not the seat of malignant infiltration, as was at first supposed, and that the casing was made up of lymph thrown out by the periosteum and surrounding soft tissues.

Shortly after the operation, the patient was ordered fifteen drops

of tincture of opium, with some brandy. In seven hours the temperature had gone up from 98.4° F. to 100°. On the day of the operation, and for the next two days, the patient was troubled with retching and vomiting.

Aug. 17th. The wound was dressed for the first time. Temperature, 101; pulse, 138.

20th. Wound suppurating freely. Temperature, 104.4°; pulse 120.

23d. Fifteen ligatures came away, and on the 24th five more were removed. Temperature, 100.2°.

From this date the temperature gradually descended to the normal, the appetite being good throughout.

Sept. 5th. The wound is rapidly healing; the last ligature came away to-day.

The local treatment has been throughout the thorough sluicing of the interior of the stump with weak permanganate of potash lotion twice daily, by using a rubber tube, with an elastic catheter to be introduced within the wound attached to one end, as a syphon from a basin containing the lotion.—*Lancet*, Sept. 21, 1872.—(*Med. News and Library*.)

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Notes on the Management of Retention of Urine depending upon Strictures of the Urethra.

By J. W. S. GOULEY, M. D., Surgeon to Bellevue Hospital, N. Y.

"Wishing to contribute my portion to the already abundant testimony in favor of the conservative treatment of urethral stricture and its complications, and to enter my protest against the frequent resort to cutting and puncturing operations before the simpler and safer methods have been fairly tried, I shall venture to jot down a few suggestions regarding the management of very narrow strictures, impassable to ordinary instruments, and complicated with retention of urine.

If patients suffering from this disease were in the habit of consulting their medical advisers in its early stages, we should seldom be called upon to relieve retention of urine from stricture; but unfortunately they come too late, or the surgeon is summoned to treat the patient under the most unfavorable circumstances—finding either an utterly impassable stricture demanding an immediate cutting operation, often difficult and prolonged, or rupture of the urethra behind the constriction, with extravasation of urine, and perhaps extensive gangrene.

Usually, when the medical attendant fails to reach the bladder with small catheters or bougies in an urgent case of retention, he resorts to one of three operations—puncture of the bladder, external perineal urethrotomy, or incision of the urethra behind the stricture after the plan of Mr. Edward Cock.

The various modes of puncture of the bladder, besides being sometimes extremely dangerous, are not directed to the cure of the stricture, but only to the relief of the distended bladder, leaving the patient in danger of another attack of retention after the removal of the canula. The second and third methods are excellent, provided the stricture be impassable to all manner of slender instruments, or be utterly undilatable, or accompanied by abscess or extravasation of urine. But if there be no complication besides retention, I can conceive of no excuse for exposing the patient to the dangers of any cutting or puncturing operation. One of the most frequent causes of failure of catheterism in very narrow strictures is eccentricity of the orifice of the constriction. If this be borne in mind, many strictures supposed to be impassable will readily be entered by properly-constructed fine bougies. It seems strange that so little heed is given to this, inasmuch as the attention of the profession was called to it by Benjamin Bell, who nearly eighty years ago introduced the abruptly-bent bougie for the penetration of eccentric strictures; and in our own time by Leroy d'Etiolles, who devised the spiral instrument for catheterism of eccentric and of tortuous strictures, and who published many cases successfully treated according to his method.

Though the soft instruments of Leroy answer well in many cases, still I have often seen them fail. On account of their too great flexibility and want of spring they frequently coil in front of the obstruction.

For these reasons I have for many years used in preference slender probe-pointed shafts of whalebone of the length of ordinary bougies, and from half to two thirds of a millimetre in diameter. The points of these delicate instruments retain the shape given them provided they be dipped into boiling oil and suddenly cooled in water. The mode of using them is briefly as follows: after having explored the urethra with a bulbous bougie and ascertained the seat of obstruction, the urethra should be filled with warm lard or olive-oil; then if the stricture be eccentric, a bougie with Bell's bend is introduced, with the point directed toward the floor of the canal, in order to avoid entering the *lacuna magna*. The direction of the point may be changed as soon as it has passed beyond the lacuna; but should it enter another lacuna it should be a little withdrawn, turned aside, and carried along until it encounters the final obstruction. From this moment it becomes an explorer in search of the orifice of the stricture, to find which is not, as has been asserted, "a mere matter of chance," but a procedure requiring very light fingers, with great delicacy of touch, and much experience and skill. To be sure of entering the mouth of a narrow eccentric stricture the point of the bougie should be kept in contact with the urethral wall while a slight back-and-forth movement is given the instrument until the stricture is entered or the whole circumference of the canal is explored. The instrument should be bent at both ends in exactly opposite directions, that the distal may indicate the

position of the vesical extremity, and consequently the situation of the orifice of the stricture. After the bougie has passed the stricture it should be movable back and forth; otherwise it is almost certain that its point is caught in one of Cowper's ducts, or in one of the many enlarged lacunæ in the ampulla behind the stricture, or in the utriculus, or else in one of the ejaculatory ducts.

At this stage of the proceeding it is necessary to exercise much caution and gentleness in disengaging the instrument from its faulty position, as any undue force will give rise to a false passage or excite inflammatory action, which may extend to Cowper's gland or to the testicle. These accidents are just as liable to occur from the use of ordinary capillary bougies. By withdrawing the instrument a quarter of an inch, or even less, and giving it a slight rotary movement to change the direction of its point, and then pushing it gently onward, the obstacle will be surmounted and the bladder entered, which is known by the freedom of the point of the bougie on repeating the back-and-forth movement. Having reached the bladder, the bougie serves as a conductor upon which a peculiarly-constructed sound is made to glide and dilate the canal, and also straighten it if the stricture happens to be tortuous.

This last-named instrument was devised by me in 1864, and I have since used it very much and with great success. It is a grooved and conical steel sound, with a canal one eighth of an inch in length at the vesical extremity, and with a curve equal to one fifth of the circumference of a circle three and a quarter inches in diameter. The smallest (No. 3) is one and a half millimetres in diameter at the point. I have had larger ones (to No. 15) made to fully dilate strictures complicated with false routes, and have named them *tunneled sounds*. When a capillary whalebone guide has been passed through a tortuous or an eccentric stricture and has entered the bladder the free end is slipped through the tunnel of the smallest sound, which is carried down to the obstacle—precaution being taken to keep the guide in the groove of the staff—held in firm contact with it, and in a few moments the instrument will be got through, but no force nor undue pressure should be used. It is desirable, after having accomplished this much, to carry on dilatation rapidly at the same sitting, to four or five higher numbers, to guard against the possibility of retention of urine from too great inflammatory swelling, and then to relieve the distended bladder by means of a tunneled catheter. The stricture should afterward be treated by gradual dilatation, and no other method should be thought of unless dilatation should fail after a thorough trial.

In 1869 I adapted the tunneled principle to the one-eyed English gum catheters, which I have employed with great satisfaction in many instances. The whalebone guide is passed through the vesical extremity of the instrument, which is open, and out of the eye. Their use is especially indicated when, after having made rapid dilatation of a narrow stricture, it is found necessary to retain a catheter for a few hours."—*American practitioner*.

"Treatment of Asthma."

The treatment of asthma, as Dr. Williams observes, must vary much in its simplicity and success according to the unity or complication of the disease. Against the bronchial spasm we have remedies which are pretty effectual in most cases. Belladonna and stramonium rarely fail to relieve the bronchial spasm; and in transient cases, where this is the only element, they may suffice to cure the disease. The extracts are the most reliable preparations, and may be given in doses of from a quarter of a grain to half a grain every three, four or six hours, while the tendency to spasm lasts. The dryness of the throat, which both these drugs often cause, may be counteracted by frequently sipping linseed-tea or barley-water. Sometimes, however, this dryness is useful in moderating the catarrhal flux which may follow the spasm; but in most cases there exists something more than the mere spasm, and therefore we commonly have to give these antispasmodics in combination with other remedies. Thus, often there is an inflammatory cold, calling for the addition of the salines and counter-irritation; and this may amount to bronchitis, requiring the aid of small doses of tartarized antimony. In chronic cases, when the attacks have recurred frequently or lasted long, there is no combination more beneficial than that of iodide of potassium, in two or three-grain doses, and ten or fifteen grains of bicarbonate of potash, with the stramonium or belladonna. Dr. Williams believes that he speaks within bounds when he says that with a combination of this kind he has cured or greatly relieved hundreds of cases of asthma. The diuretic or eliminative action of these medicines may be advantageously increased in some cases by the addition of squill, colchicum, or tincture of cantharides, particularly where there are indications of gout or of diseases of the skin. On a similar principle in chronic cases certain mineral waters are sometimes useful, particularly those of Eauxbonnes and Canterets in the Pyrenees, Vichy, and Enis. There are several other remedies for asthma in common use, generally much inferior in efficacy to the preceding, but occasionally useful as subsidiary aids, and sometimes they are our chief resources where those disagree. Such is the ethereal tincture of lobelia, which in doses of from twenty to sixty drops he has known in a few instances to be quite successful; but more frequently it has failed, and sometimes caused much nausea and discomfort. Indian hemp, in doses of a grain of the extract, gave signal relief in two cases; but in others it quite failed, and sometimes caused distressing disturbance of the brain and head. Smoking cigarettes of stramonium, or of the *Datura tatula*, inhaling chloroform (which for safety should be mixed with sulphuric ether and alcohol,) and breathing the fumes of burning niter-paper, are expedients which often give relief in individual cases; and although this relief is less complete and permanent than that following the use of the remedies first recommended, yet they may be useful when these fail, and

being prompt in operation, may be employed to ward off slight attacks, where stronger agents are not required, or before the latter can be brought into effective operation. In some cases change of air succeeds wonderfully, and this not always when the change has been of the most salubrious character. In fact the caprices of asthma with regard to air are very curious, and can hardly be accounted for. In most instances, however, a dry atmosphere agrees better than a damp one, and the air of a large town better than that of the country, especially if this be low and damp. *American Practitioner*.

The Treatment of Syphilis.

By M. P. RICORD, Paris.

I must thank you very much for the reception you have accorded to me, and I am deeply gratified at finding that my name and reputation are known to you. I have not prepared anything to say, and I did not intend to speak; but Mr. Acton caught me, and has forced me to speak. It is a trick. I came here to listen, and not to speak—to learn and not to teach; but, if I am to speak, it will be little, after what Mr. Acton has said; for he has entirely given my views on the phases of syphilis, on the peculiarity of symptoms, and on the manner of treatment.

There is one question which comes before the medical man very frequently: Can syphilis be cured radically? That is the question which we will consider. There is an immense quantity of venereal disease cured—clap, swelling of the glands, soft chancres, warts—all these “accidents,” not belonging to syphilis, and not associated with secondary symptoms, being radically cured. Since these have been distinguished from real syphilis, there have been differences in the treatment of them, and they have been radically cured.

Doubts have been raised whether real syphilis can be radically cured, and those doubts are not new. Mercurialis thought that it was liable, even after the laps of years, to break out again; and the doubts remain in the minds of many whether it can be cured radically or whether it can be cured only temporarily. Well, that doubt may remain until I establish before you that the law regarding syphilis is the same as the law regarding the small-pox, measles, and such like. You can have at the one time only one small-pox, only one cow-pox; and as, just so long as the cow-pox influences the system, you cannot have another small-pox or another cow-pox, so in syphilis: for, as long as the patient is suffering under the syphilitic diathesis arising from an indurated chancre, he cannot have another indurated chancre. The application of this law is that, while a man is suffering under the effects of secondary symptoms, he cannot have a chancre of an indurated character; so that if you want to know whether the system of a man is altogether free from syphilis, you can do so by inoculating him with an indurated chancre; if it takes, he was free;

if not, he was insusceptible. That is a great point to be reached in the science of medicine. I say, and say distinctly, that syphilis can be radically cured.

Now as to the case of syphilis in the first stage—the primary sore. You have first to find if this be really the hardened chancre, and it comes with the swelling of the glands; but with it the glands never suppurate. I at once institute the mercurial treatment. Now, there is one point here upon which there is a difference of opinion, for some think that you cannot prevent the secondary symptoms; but I say that if the treatment be well done and soon done—and this is the most important—you can prevent the first bursting out of the secondary symptoms. Why it is not prevented is, that the treatment is applied too late in the first instance, and the secondary often come before the treatment of the primary is commenced. But if you make the treatment of the primary early and effective, the secondary will not appear; I can give you warrant for that. The best treatment for the secondary symptoms is the mercurial, and it must be continued and continuous. In Germany, and in other places as well, the treatment of the secondary symptoms is not continued long enough. You should choose a treatment which does no harm to the constitution, and continue it for five or six months, and you will have very few cases of relapse; and after the mercurial treatment is finished, go on for another six months with iodine. When a person comes to me, I tell him that he will have to continue under treatment for twelve months. If he will, he will; but if not, then I at once say “good-bye.”

But then, you know, there are complications. The treatment I have given you is for syphilis arising in a person who is otherwise healthy, and there is then but one enemy to fight against. But in other cases you may have, in addition, scrofula, or an otherwise bad constitution. Well, then the case is not the same; for many of these constitutional disturbances are interfered with by the syphilitic treatment. In many of these cases the syphilis is the second thing to look at, and you must begin with the constitutional disease first: you must attack the strongest enemy first, and he sometimes waits until you come to him before he opens his attack. Then you must come on gradually with your syphilitic treatment; and that which I prefer in complicated cases is iodide of mercury, which causes little diarrhoea. One capital treatment is that of rubbing in—it is easy and effective. But there are cases in which the rubbing cannot be employed.

In the next stage, I employed iodide of potassium. I use large doses of this, up to 60, 70, 80, and 100 grains a day, and even more. I have made experiments with this; and I have found that, half an hour after the dose has been given, it has passed through the ureters; and it is, in reality, a sort of broom to the blood. The supply must be kept up.

In secondaries, a treatment partially of this iodide and of mer-

cury has its advantages. I have had the potassium stop doing good, and I have gone back to the mercury with good results. That is what Mr. Acton has said, and I quite agree with him.

When syphilis has lasted a long time, and has had great effect upon the constitution, it somehow disappears, and leaves the patient suffering from a complication of diseases which may have been existing before. Well, then you must stop all syphilitic treatment, and repair the deterioration of the blood by iron and bark.

Mr. Acton spoke about the use of bromide of potassium; and I agree with him in its use, for it is a splendid remedy for a complication of syphilis in some cases—in syphilitic diseases of the brain and nervous system; but you cannot depend upon it as an anti-syphilitic remedy.

Now I would impress upon you that you can tell your patients that this terrible disease can be radically cured if they have the courage sufficient to go through the treatment, and their physician have the courage to go through it with them. I again thank you for the cordial reception you have given me.—*British Medical Journal*.—*Nashville Journal of Medicine and Surgery*.

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TREATMENT OF SCARLET FEVER.—The late Prof. Geo. T. Elliot in a lecture on this disease, gave the following method of treatment: To bring the eruption out, if it has not already presented itself, order hot baths and blankets. Give nothing to eat at first in the eruptive stage, and only allow the simplest nourishment the first day. Patients experience great relief from baths, and the application of cold cream, or mutton tallow, over the whole body. Visit the patient twice a day. By pouring a pitcherful of cold water over the back of the neck, especially when the glands are enlarged, great comfort is experienced. As a gargle, make use of chlorate of potash or soda. Pieces of ice are good, in the mouth. Sprays, thrown in with Richardson's instrument, of lime water, solutions of alum and sulphate of zinc, are beneficial. As a palliative to the throat, the vapor from slaked lime can be recommended. Strong beef tea, with opium, may be thrown up the bowel. Begin to feed the patient from the second day of the eruption with animal essences. If the tonsils are enlarging and the pharynx exhibits much redness, with diphtheritic exudation, the physician has a right to say that things look bad. If the throat symptoms do not mitigate on the fourth or fifth day, the voice being affected, then one feels that there is a good deal of danger. When the kidneys show hyperæmia, then there is a twofold danger. Always examine the urine. When the patient has kidney disease, the treatment should be directed to the skin and bowels; when the latter are loaded and constipated, give powerful saline cathartics. Get Ronchetti's apparatus, to produce perspiration. To convalescing pa-

tients the use of iron is beneficial. The bisulphites have been recommended, but, from experience, they cannot be advocated. Belladonna is not always a prophylactic, although, on account of its innocence, and a feeling of satisfaction to the practitioner and family, it is well to administer it.—*Medical Record*.

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Editorial.

A Medical Law for the Masses.

Most of our medical legislation for the past years has been in the interest of some medical denomination, and been urged upon the legislature for privilege or protection. We have now to propose a measure in the interest of the people, and one which we believe all schools of medicine will alike favor. It is well known that in the State of New York the practice of medicine and surgery is open to all; it is a broad field into which men of all classes and all occupations may enter and find employment; nothing of special fitness is required. The shopman and shoemaker, the hoseboy, nurse or barber,—all may at pleasure assume to direct the care of the sick and administer medicines for their kill or cure. This ought not so to be; the care of the sick should not be left in wholly uneducated hands: some conditions of qualification should be imposed, even if inadequate and unsatisfactory. Our law-makers have no moral right to leave the people thus unprotected in an interest which oftentimes involves life. It may be thought that the selection of care when sick may safely be left to individual judgment; but, alas! this is not so. The citizens of New York are practiced upon by harpies and charlatans, who say they are physicians, and profess most wonderful knowledge of disease and means of cure, while in reality they are not physicians at all, have never learned any of the collateral branches of medicine, and know nothing in any of the departments of medicine; we mean they are not physicians in any sense, not educated in any system, belong to no school, and have no claim to the name of physicians.

We ask for the community protection from this class of practitioners, and we invite the aid and co-operation of physicians of all denominations to obtain a law which shall prevent the practice of medicine by those who have not diplomas from incorporated schools of medicine, or membership in some recognized medical society. In this we believe we shall receive the support of all right-minded men of all persuasions and to obtain this it may be well to leave every other restriction which we might desire to see placed upon quackery and be satisfied for the present with a measure which cannot be opposed upon any rational grounds of objection.

We hope that Erie County Medical Society will take early steps in this matter, and bring the subject to the attention of the State Medical Society and State Legislature at the approaching sessions. Influential and earnest men in Buffalo stand ready to second the effort, and it is to be hoped that New York will receive the protection which has been for some time enjoyed in Pennsylvania, Ohio, Wisconsin, and indeed most other States.

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OBITUARY.—We are pained to learn of the death of Professor James Hadley, of Yale College, brother of our distinguished townsman, Professor George Hadley. To show the appreciation in which Prof. Hadley was held, we quote the following from the *N. Y. Evening Post*: "Prof. James Hadley was one of the best scholars America has ever produced, although comparatively still a young man. He was a scholar above and beyond all things else, and, what is strange in this country, where it is customary to bring every mental attainment before the public in search of a market of some kind, he seemed never to have appreciated the power of public opinion in respect to reputation, but studied simply for study's sake. His public work was all confined to New England, so far as we remember, and consisted of a number of papers, mainly on philological topics, in the *New Englander*, and an appreciative criticism grounded on a careful comparison of the translation with the text, of Mr. Bryant's version of "Homer's Iliad, in the *College Courant*. Aside from this he used his store of knowledge solely for the good of his college, any chair in which, it was said of him, he was competent to fill. Dr. Woolsey believed him to be one of the best, if not the best scholar in the country."

Dr. O. K. Parker, of Clarence, Erie county, N. Y., died at his residence, Nov. 16th, at the age of 47. Dr. Parker's death will be a loss to the profession of Erie county which cannot be easily replaced. We shall in our next issue publish resolutions which were adopted at a special meeting of the Erie County Medical Society on the death of Dr. Parker.

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ELEGANT MEDICINES.—We have received from the house of Wm. R. Warner & Co., of Philadelphia, through Mr. C. M. Lyman, of this city, an elegant box containing specimens of the preparations of this firm. The medicines are in the form of sugar-coated pills and granules, and include the most common and useful medicines. They are put up in an elegant and, as far as we can ascertain, in a reliable form. Messrs. Warner & Co. are extensively engaged in the manufacture of sugar-coated pills and other pharmaceutical preparations, and are favorably known as dealers in pure and reliable medicines. We have on several occasions used their pills, and have found them to give good satisfaction. We are under many obligations to these gentlemen for the medicines which they have kindly left for our inspection, as well as for the elegant case in which they were contained. Mr. C. M. Lyman, No. 296 Main street, in this city, has Messrs. Warner & Co.'s goods for sale.

MEDICAL BOOKS.—We are in receipt of several catalogues of medical works from the publishers. The one issued by Messrs. Wm. Wood & Co. is perhaps the most elaborate, being in colored paper covers with illustrations. Among the works in preparation by this house, we notice the following: Lectures on the Palsies and Kindred Disorders of the Nervous System, by Meredith Clymer, M. D.; Clinical Lectures on Diseases of Genito-Urinary Organs and their Treatment, by J. W. S. Gouley, M. D.; and a Treatise on the Diseases of the Ear, by D. B. St. John Rosa, M. D. The works which are issued by this firm are printed in clear type and finely and strongly bound. Messrs. Wood & Co.'s address is 27 Great Jones Street, New York.

Mr. Henry C. Lea, so long and favorably known as a publisher of medical books presents a catalogue as usual full of standard works. He announces as shortly to be published Erichsen's Science and Art of Surgery. Sixth Edition In Two Volumes. Also a work on the Treatment of Skin Diseases, by McCall Anderson, M. D.; and A Manual of Surgery, by Thomas Bryant, F. R. C. S.

Messrs. Lindsay & Blakiston are busy getting ready for publication several new works. They announce: The Second London Edition of Sæberg Wells' Treatises on Diseases of the Eye, Trousseau's Clinical Medicine, complete in two volumes, and Biddle's Materia Medica, fifth edition, besides several other works in active preparation.

D. Appleton & Co., of New York, have recently published some very excellent medical works, of which we have had occasion from time to time to speak. They have several new works in press, among others, Wellson on Diseases of the Ovaries, and Barker on Puerperal Diseases. They announce, also, a work on the Nervous System, by Austin Flint, Jr., M. D., and Wm. A. Hammond, M. D., consisting of the fourth volume of Flint's Physiology. "The Nervous System" and Hammond's Treatise of Diseases of the Nervous System, in two volumes.

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NEW MEDICAL JOURNAL.—*Archives of Scientific and Practical Medicine.*—Dr. Brown-Sequard proposes soon to begin, with the assistance of his friend, Dr. E. Seguin, and several New York, Boston, and Philadelphia Physicians and Surgeons, the publication of a new Medical Journal, under the above title. Subscriptions will be paid or remitted to Messrs. J. B. Lippincott & Co., No. 715 and 717 Market Street, Philadelphia, or No. 25 Bond Street, New York City. The annual subscription price will be Four Dollars, to be paid in full, in advance. The first number, bearing date January 1st, 1873, will appear before the end of December, 1872.

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HOSPITAL NOTICE.—Applicants for the position of resident physician to the Buffalo General Hospital are hereby notified to apply to the Secretary of the Staff before the 22d of February, 1873, when they will be notified by him of the time and place of examination.

E. R. BARNES,
Secretary of Staff, 35 W. Eagle St.

A TRIAL OF FIFTY YEARS.—The New York *Observer* has passed through the ordeal, and starts out anew on the second fifty years with a larger list of readers and more numerous friends than ever. Such a steady course of prosperity is unexampled, and inspires confidence. We heartily rejoice in the great success of a paper which has always advocated those sound principles that underlie the foundations of society and good government. Orthodox in the truest sense, both in Church and State, its influence is always good. We see its publishers propose to give to every subscriber for 1873 an appropriately embellished *Jubilee Year-Book*. Those who subscribe will have no cause to regret the step. \$3 a year Sidney E. Morse & Co., 37 Park Row, New York.

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LOCKE'S NATIONAL MONTHLY.—The first number of this new magazine has come to hand, and amply fulfils all expectations as to its character. The articles, original and selected, are all in good taste and show that the publishers have an able corps of contributors. In some of the pieces we recognize the original humor of the editor, Mr. D. R. Locke (Nasby). The low price of this magazine (\$1) will place it within the reach of all, and its real merit ought to secure it a large circulation.

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Books Reviewed.

The Science and Practice of Medicine. By WILLIAM AITKEN, M. D., Edin., etc. With additions by MEREDITH CLYMER, M. D. Third American from the Sixth London Edition. In two Volumes, with Steel Plate, Map, and One Hundred and Eighty Wood Cuts. Philadelphia: Lindsay & Blakiston, 1872. Buffalo: T. Butler & Son.

Fourteen years have elapsed since the first edition of this work was published, and the favorable reception which was given to the former edition will, in a greater degree, be extended to this, the sixth edition, in its greatly enlarged and improved appearance.

The fact that three editions of the work have now been published in this country, evince the fact that it has been read and prized by American as well as by English practitioners.

For eighteen months previous to the publication of the work the author employed himself in a complete revision and correction of its contents.

The nomenclature adopted is that of the College of Physicians of London, as is also the classification.

The large amount of additional matter which has been incorporated in the work is equivalent to the bulk of a third volume added to the last edition. This

increase in amount of matter has been met by a decrease in the size of the type employed, which, however, is clear and distinct, thus preventing any material enlargement in the bulk of the work. These changes and additions are distributed throughout the whole work, many chapters been considerably enlarged and remodelled, while others are almost entirely rewritten. The topics relative to pathology and morbid anatomy have been to some extent rewritten and greatly expanded; and the subjects of prevention and treatment of disease are more fully treated of than in any previous edition. To the American editor, Dr. Meredith Clymer, much praise is due for the improvement in the American edition. He has made fragmentary additions to nearly every subject treated, in addition to which some fourteen articles which are presented in this edition are wholly from his pen. Among these we notice articles on Spinal Symptoms in Typhoid Fever, Typho-Malarial Fever, Epidemic Cerebro-Spinal Meningitis, Chronic Pyæmia, Syphilitic Disease of the Liver, Myo-Sclerotic Paralysis, etc. The illustrations and general mechanical execution of the work leave nothing to be desired.

Aitken's practice has long been looked upon as almost indispensable to the practitioner, and the present revised and rewritten edition takes a place, in our mind, in the front rank of treatises upon the Science and Practice of Medicine; it is, in fact, a complete compendium of the whole subject.

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The Principles and Practice of Surgery. By FRANK HASTINGS HAMILTON, A. M., M. D., LL. D. New York: William Wood & Co., 1872. Buffalo: T. Butler & Son.

Prof. Hamilton has a world-wide reputation as the author of a Treatise on Fractures and Dislocations, which it is safe to say has no equal in the English language. That as much be said of his present work is, perhaps, unnecessary. The need of such a work as this which he has produced has been for some time felt, and Prof. Hamilton was admirably fitted to perform the task. His work is not one which will be used as a reference on the finer points of surgery and rarer surgical operations; it is more as a text book for the student and young practitioner. In this respect it takes the place of the more elaborate treatises, which are too cumbersome, too costly, and, on the whole, unsuitable for the student.

The work is divided into two parts—General and Regional Surgery. The nomenclature of the Royal College of Physicians and Surgeons of London has been adopted by the author. He has, however, retained the terms generally used by English and American writers.

The opening chapter on inflammation gives the prominent points with regard to this subject in clear and concise language, and without entering into a discussion of the various theories which have been advanced on this subject, leaves nothing to be desired in its treatment.

In the department of Fractures and Dislocations the author is entirely at home, and has given all that need be included in a work of this kind on the subject.

The portion of the work relating to tetanus is very interesting, and discusses in brief but concise language the different varieties of this affection. We heartily agree with the author in the treatment of Tetanus, believing that inasmuch as the direct lesion causing the affection is not perfectly understood, the treatment should be supporting and anodyne, removing at the same time, if possible, the cause of the local irritation, instead of any treatment directed to the disease itself.

In the chapter upon gun-shot wounds the author draws largely from his own experience and observation, and gives some valuable hints upon the treatment of this class of injuries.

The work should find a place upon the library shelves of every American surgeon, and may be consulted with the expectation of finding a clear exposition of the latest views concerning the Principles and Practice of Surgery.

The book may contain some errors; to say that it did not, is to say that the author had accomplished that which no other author ever did. It is, however, as free from faults as any work of the kind of which we have any knowledge.

We take much pleasure, therefore, in recommending the book to our readers, as a treatise upon Surgery, which is entitled to their careful perusal and fullest confidence.

The mechanical execution is every way worthy of the publishers. The illustrations are many of them new, and all are well executed, greatly adding to the ready understanding of the text. We must heartily congratulate both the author and publishers upon the appearance of a work on Surgery, so highly creditable to our American medical literature.

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The Treatment of Syphilis with Subcutaneous Sublimate Injections.

By Dr. GEORGE LEWIN. Translated by CARL PROEGLER, M. D.,
and E. H. GALE, M. D. Philadelphia: Lindsay & Blakiston, 1872.
Buffalo: T. Butler & Son.

The employment of subcutaneous injections of mercury in the treatment of Syphilis is a treatment which has in the hands of Dr. Lewin met with signal success. The author tells us that he has treated since March, 1865 about fourteen hundred women by this method, and "at the end of July, 1869, there had *not* been more than twenty femal patients who had returned to my wards on account of syphilitic relapses, which were of a very slight character."

This certainly shows an excellent result for the subcutaneous mode of treatment. One of the reasons which the translators give for presenting it to American readers is its rapidity of action and the small amount of mercury used in the treatment, by but one and a half to two and a half grains being employed.

The author, however, is far from thinking that the injection method is the only way of curing syphilis, or that it is applicable in all cases. He says: "I am far from thinking, notwithstanding its remarkable results, that the injection method is the only cure to be adopted, and I earnestly protest against such onesidedness."

on my part." The subject is one which is every way worthy of careful study on the part of American practitioners, and the book before us presents the subject in all its phases in a manner which will at once be appreciated by the intelligent and observing reader.

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Epidemic Cerebro-Spinal Menengitis. With an appendix on some points on the cause of the Disease as shown by the History of the present Epidemic in the city of New York. By MEREDITH CLYMER, M. D. Philadelphia: Lindsay & Blakiston, 1872. Buffalo: T. Butler & Son.

This little book is a resume of what is known concerning the epidemic of 1864-66, with some valuable suggestions drawn from the present epidemic in New York city. We have often had occasion to express our views concerning the want of knowledge of this disease and its causes, and if Dr. Clymer's observations throw any light on the subject, we shall hail it with gladness. His accurate methods of investigation and his extensive experience have, we hope, lead him to truthful and valuable conclusions.

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On the Functional Diseases of the Renal, Urinary, and Reproductive Organs, with a general review of Urinary Pathology. By D. CAMPBELL BLACK, M. D., L. R. C. S., etc. Philadelphia: Lindsay & Blakiston, 1872. Buffalo: T. Butler & Son.

This is an interesting discussion of a subject which the medical practitioner is called upon every day to treat. Dr. Black has given his subject careful and intelligent study, and has taken pains to draw from many sources cases and writings to illustrate his subject. His ideas are some of them new and perhaps a little startling; others are old and long acknowledged, but all are presented in concise terms, with no effort at egotism. To attempt to give a synopsis of the contents of the work beyond that indicated by the heading would, from lack of space, do an excellent little work injustice. We have only to say that it is well written and up to the standard of modern ideas, and that any of our readers need not hesitate to purchase and read it.

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Carl Beth on Small-Pox and Vaccination. Lee & Shepard, Boston and New York: Trubner & Co. London: Martin Taylor, Buffalo.

This is a strange work and contains what no other physician would ever think of publishing even if he entertained such vagaries. He says: "The *predisposition* to small pox consists in an undue proportion of albuminous matter to the blood-salts and that as the result an otherwise inoffensive nervous irritation becomes sufficient to cause the blood to part with this superfluous albumen, which in this case is thrown into the skin and constitutes that condition which is commonly called small-pox." He opposes vaccination by unfounded and carelessly

made statements, and, on the whole, makes as useless a book as possible ; its only value is as a curiosity, and, for this, is richly worth what it costs—75 cents. It is for sale in Buffalo by Martin Taylor.

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Ovarian Tumors: Their Pathology, Diagnosis and Treatment, Especially by Ovariectomy. By RANDOLPH PEASLEE, M. D., LL. D., etc. New York: J. D. Appleton & Co., 1872. Buffalo: Martin Taylor.

The author in his Preface says : “ The following work was undertaken from a conviction that a practical treatise, in the English language, upon the subjects of which it treats is greatly needed.” At first sight this may appear strange, yet it is the fact that, notwithstanding all that has been written and said upon the subject of Ovariectomy, a complete treatise upon the subject was not to be found in the English language. The various monographs which have been published at different times have been confined to the narration of the experience of their authors in the operation of Ovariectomy and have, with but few exceptions, said nothing concerning the Pathology or Diagnosis of Ovarian Disease.

In the book which is before us we recognize the work of the faithful observer and recorder of facts. Prof. Peaslee has for twenty-five years been engaged in the study of the subject, and from a large experience and careful study, presents a work in every way complete ; nothing that is known upon this subject has been omitted. The views of all authors and the various modes of procedure practiced by them is carefully described, so that it is eminently a practical guide for all who desire direction in this department of Surgery. We notice that the author places our method of enucleation among the established methods of removing Ovarian Tumors, and speaks of it approvingly in several instances. In speaking thus of it as a practical work no one will infer that the descriptions of the anatomy, pathology, classification, and means of diagnosis, are less complete, for certainly no topic in the remotest way connected with Ovariectomy but has received notice. Dr. Peaslee, on Ovarian Tumors, is the standard in our language, and we urge all who propose offering advice to patients suffering from such malady to first carefully study the pages of this author.

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Books and Pamphlets Received.

A Practical Treatise on Urinary and Renal Diseases, including Urinary Deposits. By William Roberts, M. D., etc. Second American from the Second Revised London Edition. Philadelphia: Henry C. Lea, 1872. Buffalo: T. Butler & Son.

Transactions of the American Medical Association. Vol. XXIII. Philadel-

phia : Printed for the Association. Collins, Printer, 1872. Buffalo : T. Butler & Son.

Lessons in Physical Diagnosis. By Alfred Loomis, M. D., etc. Third Revised and Enlarged Edition. New York : Wm. Wood & Co., 1872. Buffalo : H. H. Otis & Co.

General and Differential Diagnosis of Ovarian Tumors, with special reference to the Operation of Ovariectomy ; and Occasional Pathological and Therapeutical Considerations. By Washington L. Atlee, M. D. Philadelphia : J. B. Lippincott & Co., 1873. Buffalo : H. H. Otis & Co.

A Hand-Book of Compound Medicines ; or, the Prescriber's and Dispenser's Vade-Mecum. By Arnold J. Cooley. Philadelphia : J. B. Lippincott & Co., 1873. Buffalo : H. H. Otis & Co.

Practical Lessons in the Nature and Treatment of the Affections Produced by the Contagious Diseases ; with an Account of the Primary Syphilitic Poison and of its Communicability. Philadelphia : J. B. Lippincott & Co., 1873. Buffalo : H. H. Otis & Co.

The Physicians' Visiting List for 1873. Philadelphia : Lindsay & Blakiston. Sold by all Booksellers and Druggists.

Transactions of the Sixth Annual Meeting of the Medical Association of the State of Missouri, held in St. Joseph, Mo., April, 1872.

What Physiological Value Has Phosphorus as an Organismal Element ? An Essay, to which was awarded the prize of the American Medical Association for 1872. By Samuel R. Percy, M. D., etc.

Half-Hour Recreations in Popular Science. Dana Estes, Editor. No. 5. Nebulæ, Comets, Meteoric Showers, and the revelations of the Spectroscope concerning them. By Prof. H. Schellen and others. Coral and Coral Islands. By Prof. J. D. Dana, of Yale. Boston : Estes & Lauriat, 1872. Buffalo : Martin Taylor. H. H. Otis & Co.

Medical and General Science as Vindicators of the Mosaic Record. By E. S. Gaillard, M. D., etc. From October No. Richmond and Louisville Medical Journal.

Clinical Analysis of the Inflammatory Affections of the Inner Ear. By H. Knapp, Surgeon to New York Ophthalmic and Aural Institute. New York : Wm. Wood & Co., 1871.

Recent Researches in Electro-Therapeutics. By George M. Beard, M. D. New York : D. Appleton & Co. From October No. New York Medical Journal.

Report on the Structure of the White Blood Corpuscle. By Jos. G. Richardson. M. D. From Transactions of the American Medical Association.

On a New Method for Extraction of Cataract. By R. Liebreich, Ophthalmic Surgeon to, and Lecturer on Ophthalmology at, St. Thomas's Hospital. Philadelphia : Claxton, Remsen & Haffelfinger. 1873.

Vick's Floral Guide for 1873. Issued by James Vick. Rochester, N. Y.

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No. 5

Original Communications.

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ART. I.—*Essentials of Cooking.* By J. J. CALDWELL, M. D., late U. S. A., late Surgeon in charge Brooklyn Central Dispensary, and Geo. H. WHALEY, M. D., Brooklyn, N. Y.

"Cooking almost a divine art." *Johnson.* Regarded from the best view, that is to prolong and cheer our life cooking becomes a science. Hence a truth. Hence divine. "God sends us meat and the Devil the cooks."—*Rareold Ben.*

Let us see how true this quaint saying may be. The learned Liebig, in his researches on the chemistry of food, remarks: "It is obvious that if flesh employed as food is again to become flesh in the body, if it is to retain the power of reproducing itself in its original condition, none of the constituents of raw flesh ought to be withdrawn from it during the preparation of food. If its constitution be altered in any way, if one of the constituents which belongs essentially to its constitution be removed, a corresponding variation must take place in the power of that piece of flesh to be reassumed into the living body. The original form and quality on which its properties in the living organism depend, should be preserved." Hence, boiled meats eaten without the soup, are just so much less adapted for nutrition. Now let us see what is lost both

by boiling and too much washing from meats of any kind, viz: soluble phosphate, lactic acid, kreatine and kreatinin, albumen and galatine. The latter is a compound of kreatine and lactic acid, and is readily destroyed by boiling, especially in salt water; this compound being an important stimulus to muscular energy, its loss will readily account for the great debility that follows in cases of scurvy, particularly at sea where the sailor, for any length of time, is confined to boiled salt meat. Indeed, each and every one of these agents has an especial duty to perform in the animal economy; without their presence nothing is left of the meat, save hard masses of fibrine, scarcely digestible: hence, Prof. Liebig has placed the scientific cooking point of meats and vegetables at from two to four degrees below the boiling point, or 212° F. Dr. Letheby, in his lectures on food, makes the following experiment, viz: "Fifteen pounds of meat roasted in the usual way lost 4 lbs. and 4 oz., or over $\frac{1}{4}$ of its weight, and many of its virtues, while with Captain Warren's pot or cooker the loss was not $\frac{1}{2}$ so much, with the virtues all retained. Here, the meat is cooked by its own vapor, the bottom of the pot rests upon boiling water, the meat is placed upon a false bottom—first, that the roasting may go on at less than the boiling point, and secondly, that the gravy may be collected at the deepest point by gravitation. Above this close chamber containing the meat is still another department, connected with the boiling water by pipes conveying steam to this point to cook the vegetables, or whatever may require vapor cooking; the steam first strikes the top of the vessel which acts as a condenser, hence the vegetables too are cooked below the boiling point. Here, also, the same rule holds good as with the meats; the natural qualities are retained within their proper bound, capsules, or cells, while a greater degree of heat would cause them to burst, break forth, and be dissipated or destroyed in a great measure. Again, it is plain, when cooked at this low degree there cannot be any contamination or intermingling of odors, hence, several vegetables or other materials may be cooked in the same compartment without loss of weight, flavor, odor, etc.

Let us contemplate the ingredients that are lost from an excess of heat in the culinary art. First as to albumen, amounting to

60 or 70 parts in a thousand, or about 15 per cent of blood and meats of consumption, ordinarily this component will coagulate at about 150° F. when in a concentrated form, but when diluted and distributed as in flesh it will require fully 212° F. to accomplish the same end; for at and above that point it (the albumen) must expand, lose its watery portions, and become precipitated, hardened, and difficult of solution and digestion. On the contrary, in its natural state it is readily assimilated and carried to the blood directly and rapidly as albumen. The same may be said of the other portions of this material (meats), galatine, and liquor sanguinis, etc., etc., the more completely we get them in their natural state the better.

The soluble phosphates are directly brain and nerve foods, still an excess of heat and evaporation may so alter and change them as to almost lose their identity or cause them to be precipitated and form insoluble compounds only to be thrown off as a foreign matter, thus averting their true interest, (and a fruitful source of rheumatic and other neuralgic troubles.)

The same may be said of lactic acid, kreatine, and kreatinin, they being great stimuli to muscular energy, and found largely in animals of great muscular power.

To any observing mind it is plain, that when all these qualities are maintained, the viand is far more palatable and useful to that great laboratory—the stomach. Thus our bodies are better and more rapidly nourished, our brains more active, our lives prolonged and made happier.

Not the least of the elements that contributed to the unparalleled success of the Germans in their late war, was their magnificent commissariat. Much of man's greatness is due to a happy stomach, and as Tristram Shandy oddly says, "the mind and the body are likened unto a coat and its lining, for you cannot disturb one without rumpling the other," or as the canny Scot expresses it "a fu belly makes a stiff back."

I will here mention, or state, the analysis of liquor sanguinis or meat juices, taking a thousand parts of the liquor, Lehmann says the specific gravity will stand 1028:

Water, ----- 902.90	} 1000	Fibrine, ----- 4.05
Solid constituents, 97.10		Albumen, ----- 78.48 to 90
		Fat, ----- 1.72
		Extractive matter, - 3.94
		Mineral substances, 8.55
		Water the balance.

These are the sum and substance of nutrition and are made directly from the processes of digestion to form new blood and thence new tissues; they all may be, and often are destroyed by just such cooks as the quotation refers to, all, thrown to the winds, so that it often happens at our tables, feasts, frolics, or merry making, that the wayfarer enjoys the real merits of our meats, etc., while the guests gnaw the bones, because the cook owing to ignorance has liberated and scattered these nutrient qualities to the four winds and reserved the husks for the party.

So much for an universal and scientific mode of cooking.

"Grains and roots nourish more than leaves."—*Bacon*.

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ART. II.—*Ovariectomy by Enucleation*. Report of Cases. By E. N. BRUSH.

The views which are at present held by the profession in regard to the operation of Ovariectomy are in most respects similar, the principal matter in regard to which difference of opinion exists being the treatment of the pedicle.

The questions as to how the pedicle should be secured—whether by clamp or ligature, the material to be used as a ligature if this method is pursued, whether the ligatures should be cut short and the pedicle returned, or they should be brought out of the external incision, or whether the pedicle itself should occupy this position, or clamp and ligature being thrown aside, torsion or the actual cautery should be applied—have all, with many others, been agitating the professional mind ever since the introduction of Ovariectomy as one of the established operations of surgery.

The discovery by Prof. Miner, in 1869, of a mode of procedure by which clamp cautery and ligature were dispensed with, will, without doubt, do much toward settling these questions if, in fact, it does not do so entirely.

The history and *modus operandi* of this method have been sufficiently brought before the profession, and to those who have not been made acquainted with the procedure, it is hoped the report of the following cases will impart some information.

The recent successful application of enucleation in the removal of ovarian tumors has so fully demonstrated its feasibility, if indeed any further demonstration is needed in addition to the successful cases already reported, that it will form sufficient reason for reporting the cases. The first case under consideration was briefly alluded to in a paper on the subject of Ovariectomy recently published by Prof. Miner.* It, however, so clearly illustrates what may be expected by this method that a more complete report may not be out of place in this article.

CASE 1.—On the 4th of June last Dr. Miner was called in consultation with Dr. Mixer of this city to see a patient, aged twenty-three, in whom he had diagnosed an ovarian tumor. After a careful examination, the conclusion arrived at by Dr. Mixer was concurred with, and on consultation with the patient an operation was decided upon. I am indebted to Dr. Mixer for the previous history of the case, which is as follows: Had noticed pains in the right iliac region for about a year; has menstruated quite regularly, but not of usual amount; did not notice any enlargement of the abdomen until about six months ago, since which time the tumor has grown quite rapidly; has never been tapped.

Operation.—On Monday, June 17, Dr. Miner proceeded to operate in the presence of Drs. S. F. Mixer, C. C. Wyckoff and Son, E. R. Barnes, and the writer. Dr. Mixer gave chloroform, which was afterward substituted by ether. An incision about four inches in length was made down to the peritoneum, which was divided upon a director. The tumor presented a white, shining appearance, and was found to be attached by its anterior surface to the abdominal walls for a circumference of about nine inches. These attachments were carefully separated, but the walls of the tumor in this locality being exceedingly thin, were accidentally ruptured, and some of the contents escaped. The trocar was immediately plunged in and the contents of the cyst evacuated. The fluid

*American Journal of Medical Sciences, October, 18'2, page 391.

which was drawn off had a light, chocolate appearance, and readily passed through the canula. The cyst was now lifted from the abdominal cavity, and the pedicle brought to view. It was found to be of medium length, and its vessels were spread out over the walls of the tumor. Dr. Miner introduced his finger into the central portion of the pedicle at its least vascular part, between it and the tumor, and, by a gentle manipulation, the pedicle was separated from the cyst. Two vessels only bled sufficiently to attract attention, and these were easily controlled by torsion. All further hæmorrhage soon ceased on exposure of the pedicle to the air, and the cavity of the abdomen being sponged out it was returned without the application of a single ligature or other mechanical means to prevent hæmorrhage. The slight oozing of blood caused by the separation of the attachments of the tumor to the abdominal walls ceased spontaneously. The wound was now brought together by silver wire sutures, including the peritonæum, supported by adhesive straps, and warm flannel clothes, with bandages, applied over the abdomen. The tumor was multilocular, and weighed eighteen pounds. On recovering from the anæsthesia the patient complained of nausea, and vomited frequently. One-fourth grain morphine was directed to be administered every four hours by hypodermic injection; she was also ordered brandy and beef tea. The following is a report of her condition during the time she was seen by Dr. Miner:

June 17, evening—Pulse 120.

“ 18, morning—Pulse 108; vomiting in night.

“ 19, “ “ 108; less vomiting; slept.

“ 20, “ “ 98; no vomiting; slept well; urinates without use of catheter; no swelling; no tympanitis; wound healing rapidly.

June 21. Pulse 94; no symptoms of constitutional disturbance; sleeps and eats well.

June 24. Pulse 84.

June 27. Stitches removed; patient well.

During the whole course of recovery from the operation the patient declared that, with the exception of the nausea experienced during the first two or three days, she felt better than at any time just previous to the operation.

To attribute the good result and rapid convalescence in this case entirely to the employment of enucleation in the removal of the tumor would, perhaps, be claiming too much for this mode of operation. It is plain, however, to the most superficial observer that it possesses advantages infinite almost in their application over other methods of procedure, and it cannot but suggest itself to the mind of the reader that the entire absence of all appliances which would tend to excite inflammatory action must have gone far toward assisting in the recovery of the patient.

The pedicle in this case was of medium length—too short, however, to admit its being brought out of the edges of the wound and secured by the clamp without dragging upon the uterus, especially if any portion of it were taken away with the tumor, as is the case when it is severed by the knife in the ordinary operations for ovariectomy. The vessels of the pedicle were large and could be felt to pulsate plainly; to have severed these with the cautery might have controlled the hæmorrhage, it is, however, to be doubted. The silk and metal ligature have been employed successfully in many cases, and have been left in the abdominal cavity without producing any ill effects. Their employment, however, leaves in the cavity of the peritonæum a foreign substance, which in most cases cannot but produce more or less inflammation, and any method which will allow the return of the pedicle to the abdomen free from its source of irritation must meet with approval. The question has been asked, "Can the pedicle be easily separated from the tumor?" In this case just narrated the separation was accomplished with as great facility as attends the separation of cystic growths from surrounding parts in other portions of the body. The separation was easier, in fact, than was the detachment of the adhesions from the abdominal walls.

Prof. Logan, of the Medical Department of the University of Louisiana, in a private letter, speaking of a recent operation which he performed for the removal of an ovarian tumor, the solid portion of which weighed sixteen and a half pounds, says: "I was surprised at the facility with which the enucleation was effected, not a single vessel of sufficient size to throw a jet of blood presented itself, and no ligatures were of course required." This case also had a rapid convalescence, and had not a single bad symptom.

CASE 2. Mrs. ———, of Corry, Pa., aged 24, entered the Hospital of the Sisters of Charity, Nov. 1, 1872. Two years ago she first noticed tenderness and swelling in the right iliac region. Since then the growth of the tumor has been gradual, producing but little pain or inconvenience, until the last six months, since when the size of the tumor has increased rapidly, being accompanied by constant and severe pain.

The enlargement was uniform, presenting the appearance of a round, firm, fluctuating tumor. The uterus was drawn upward and to the right, and was distinctly perceptible to the touch upon the outside of the tumor. The tumor had never been tapped. A unilocular cyst of the right ovary was diagnosed, and as the patient had determined to submit to any procedure that might afford relief, an operation was determined upon. Profs. Rochester and H. N. Eastman also saw the patient, and concurred in the diagnosis and propriety of operative interference.

Operation.—Wednesday, Nov. 27, Dr. Miner proceeded to operate in the presence of his colleagues of hospital staff and college faculty, the students of the Buffalo Medical College, and various members of the profession. He was assisted by Profs. E. M. Moore, of Rochester; James P. White and M. G. Potter, of Buffalo; and H. N. Eastman, of Geneva.

Prof. Rochester having induced complete anæsthesia with chloroform, which was kept up by ether, an incision about four inches in length was made in the median line down to the peritonæum which was divided upon a director. Upon opening the peritoneal cavity the tumor came into view. Resting upon its anterior surface and to the right was seen the uterus and fallopian tubes, which were closely adherent to the tumor.

The tumor was found free from attachments to the abdominal parietes, and was therefore easily lifted from the abdomen. A trocar was plunged in and its contents evacuated. The fluid which passed off was dark and viscid and the canula was several times obstructed by what seemed to be masses of fat, bunches of hair also passed through the tube. After having fully evacuated the cyst which was found to be as first diagnosed unilocular in character, Dr. Miner proceeded to carefully separate it from its attach-

ments. These were found to be quite firm, the tumor being closely adherent to the uterus and its ligaments. No pedicle presented itself, and had the application of a clamp or ligature been relied upon, the tumor could not have been removed without enclinging the uterus and appendages.

The attachments being all separated, but one vessel was found to bleed, this being caused by the introduction of the trocar through it. The application of torsion being found insufficient to check the hemorrhage, a silver wire ligature was applied, this was cut short and allowed to remain. The cavity of the abdomen was now carefully sponged out, the left ovary was examined and found to be healthy. The wound was now brought together by silver sutures supported by adhesive straps. Warm flannel cloths were applied to the abdomen and the patient returned to bed.

On examination of the tumor, the cyst was found to be thick and composed of layers which were not however closely examined.

The fluid contents were dark and thick and contained masses of fat about the size of a filbert and smaller, hair was also found thickly scattered through the fluid. Attached to the inner portion of the cyst was a piece of bone irregular in shape, of about the size of a superior maxilla in an infant; growing from this in different directions were six teeth.

On recovering from the anæsthesia the patient complained of but little pain, but vomited almost continuously. Morphine was ordered by injection. Ice, iced champagne, beef tea &c., were all administered but with no effect, the stomach rejecting every thing.

The patient continued to grow worse and died at 11 o'clock in the forenoon of Dec., 1st, four days after the operation of exhaustion.

No post mortem examination was allowed, and therefore the condition of the pedicle could not be ascertained. There were however no symptoms that indicated internal hemorrhage, and it is presumed that none occurred.

The unfavorable result in this case was hardly unexpected. For a year the irritation produced by the tumor, had provoked dis-

treassing nausea, vomiting occurring frequently, as often as twice a day. After the operation this vomiting occurred more frequently, completely exhausting the patient and resulting in death.

The character of the cyst is of no little interest. Dermoid cysts are said to be of slow growth. This was the case for the first eighteen months in the case under consideration, but for the last six months its growth had been rapid and accompanied by severe constitutional disturbance.

Had its true nature been known, and had it produced no more inconvenience than accompanied the first year of its growth, the propriety of an operation might have been questioned. But the rapidity with which the tumor had lately enlarged and the pain and inconvenience which had been distressing the patient, demanded some interference looking toward relief.

The intimate attachment of the tumor to the uterus and appendages, leaving no pedicle to which a clamp or ligature could be applied, offered a test to the feasibility of enucleation, which would severely try it.

The ease with which the tumor was enucleated, without hemorrhage, (the only bleeding vessel of any importance being the one which was torn off by the introduction of the trocar) clearly demonstrated that in cases of this kind, where no other known method could be employed, enucleation was a plan, the application of which was not only imperatively demanded, but was the only one by which the tumor could be removed.

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ART. III.—*Foreign Body Removed from the Urethra.* By L. A. HARCOURT, M. D.

Mr. H., an American, aged 55 years, or thereabouts, the father of many children, having arrived at that mature age, if not at the age of discretion, without having gained any very definite knowledge of that mysterious channel extending from the neck of the bladder to the meatus urinarius, determined to satisfy his curiosity by exploring it for his own individual benefit and that of all future generations. The more he thought of it, the more insatiable he

Yankee curiosity became, until on the 15th July, 1872, he started on his voyage of discovery. Filled with the noble desire of adding one more link to the great chain of scientific discovery, jack-knife in hand, he sought the woods, and selecting a young and tender bass-wood sprout, cut it to the required length, peeled and shaped it to his fancy. With this novel catheter, he began the work of exploration. Perseverance and sweet oil, they say, will accomplish anything. Mr. H. had no *oil*, but lots of perseverance, and so he kept on with the work until the instrument had reached the bladder. The friction necessary to introduce the twig generated considerable caloric, which soon dried up the moisture of the parts, and rendered the situation anything but comfortable. Like the fox in the pit, he then looked around for some means of escape from this unpleasant predicament, and concluded that the best plan would be to make the instrument retrace its course. With a view of imparting a retrograde motion to the twig, he began to make powerful traction, which, unfortunately for him, broke it about five or six inches from the meatus urinarius, leaving about three inches in the urethra, or in the urethra and bladder. For three days he suffered the most exquisite torture, until the pain became unendurable, and he was forced to look for surgical aid.

In this condition of affairs, my friend, Dr. Guinan, of New London, was called in. Having examined the case carefully and chloroformed the patient, he made an incision one-half or three-quarters of an inch in length into the urethra, about the junction of the spongy with the membranous portion, through which he extracted the remainder of the sprout, to the great delight and comfort of his patient. The wound healed kindly, and in two or three weeks the patient was discharged entirely cured.

He is now willing to accept the testimony of other explorers, that there is an "open polar sea" in that direction, and has become a convert to the doctrine that "where ignorance is bliss 'tis folly to be wise."

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Miscellaneous.

Clinical Notes of the Electric Cautery in Uterine Surgery.

BY J. BYRNE, M. D., Surgeon-in-Chief to St. Mary's Hospital for Diseases of Women; Clinical Professor of Uterine Surgery to Long Island Medical College, etc.

A few months ago, at a meeting of the New York Obstetrical Society, Dr. Chamberlain reported a case of epithelioma of the cervix uteri in which, though the affected part had been very satisfactorily removed by galvano-cautery, the disease had nevertheless reappeared within five or six weeks after the operation. Other instances also were referred to, where an equally unsatisfactory result had followed this method of operating; and the prevailing opinion of members present appeared to be that the removal of such out-growths from these parts, even by the cantery, offered but little encouragement as a curative measure, and that reported successes were at best exceptional, or of rare occurrence, if not doubtful as to diagnostic accuracy.

Indeed, whether on account of disheartening experiences then related, or the well-known difficulties attending the management of galvanic batteries, there seemed to be, if not a disposition to doubt the utility of resorting to any operation in such cases, at least a strong desire to have the subject more fully presented. With a view to supply this want in some measure, and especially as I had referred more encouragingly to my own observations in the use of the galvanic cautery, I was requested to furnish a paper, which was read at a meeting of the Society held in June last.

Experiments undertaken over two years ago, and noticed on the occasion referred to, have been steadily continued during this interval, and cases of great interest, in which I have operated by this means, have since presented themselves.

Thus, while I have succeeded in devising a compact and effective galvanic battery suited to every surgical emergency, and yet comparatively simple in its management, together with improved electrodes and platina instruments, ample opportunities have been afforded from time to time for practically testing the value of each novelty as suggested. This is my apology for delaying the publication of my paper until this time.

No surgeon who, having witnessed for the first time a successful intra-vaginal operation by the galvanic cautery,—for example, the removal of a cauliflower cancer, or a fibrous polypus from the cervix uteri—can have failed to appreciate the many advantages offered by this safe and rapid, yet bloodless proceeding, over all other

means heretofore at our command. He might also feel astonished that so admirable a method of conducting these and similar operations had not been more generally adopted by gynæcologists especially, or the subject even assigned a few pages in works on that speciality; for a late edition of one of the most practical, if not the very best treatise on diseases of women, is in this particular noticeably defective.*

A very little reflection, however, will soon convince him that, after all, neither authors or any one class of practitioners in particular are much to blame; for even the laws by which galvanic electricity is governed, not to speak of its adaptation to the most delicate and difficult operations, are nowadays but seldom made the subject of scientific inquiry either by candidates for medical honors or practitioners generally. And yet, strange as it may appear, the history of galvano-cautery, though consisting for the most part of clinical fragments merely, or an occasional report of some surgical achievement, covers a period of over a quarter of a century. It is true, but little was heard during the first few years of the new service[†] which the thermal power of current electricity was being made to render; for prior to 1850 almost the only surgical uses which it seems to have served, with the exception of Crussel's operation for a fungus hæmatodes, were the removal of nævi, and the destruction of dental nerves. It may be safely asserted, however, that we are indebted for most of what is even yet known of galvano-cautery to the ingenious devices of Marshall and Ellis, in England, from 1850 to 1852, and the subsequent publication, in 1854, of Mideldorpff's more brilliant exploits in Germany. Since the latter period, many interesting reports in cases by Semeleder, Newman, Zsigmondy, Braun, Von Grenewald, Rudolph, Voltolini, and others, have appeared, but there is nothing in the valuable yet only corroborative experiences of these observers, to warrant a doubt that the claim of priority in originating all that is of practical value in electro-cautery, belongs by right to those first named.* To Ellis, especially, is due the credit of first suggesting the spiral cauterizer; Marshall and Mideldorpff, contemporaneously, though independently, devised the loop; while all clearly and distinctly indicated the various lesions likely to be benefited or cured by the employment of their several contrivances.

It is not a little surprising, therefore, to notice how few surgeons there are, comparatively, even among gynæcologists, who have adopted the practice, or given the subject any attention whatever, though more than twenty years have now elapsed since its claims were so attractively demonstrated. That this omission arises, in a great measure, from the want of any reliable guide to a practical

*The two pages devoted to galvano-cautery in the work of Professor Thomas, to which I refer, must have at least one good effect,—that of inclining the reader's desire to know something more of the subject.

†In this country, also, many important galvano-cautery operations have been performed within the last few years by Drs. Noeggerath, Thomas Guleke, Sims, Jacobi, and others, but few of which, however, have been published, so far as I know.

study of the subject, there can be little doubt; because, as has already been intimated, any one who desires accurate information, or such definite rules and directions as will enable him to operate successfully by means of the electric cautery, will seek such aid in vain among the gynæcological records, or other medical literature of our language at least. The brief allusions met with in standard works on medical electricity and electrolytic surgery, will avail but little in a practical sense, beyond what relates to the elementary principles of electro-physics. As for practical hints, and that particular kind of knowledge so needed for conducting important cautery operations, there are but two ways in which such can be obtained: either by being fortunate enough to have repeatedly witnessed and closely observed such operations, or through laborious experimental research and no trifling pecuniary outlay. By this latter path I have been obliged to travel; and though fortified by a tolerably exact knowledge of electro-physics, and constantly aided by material for clinical study, yet many disappointments, and difficulties of a perplexing nature have had to be at first contended against.

This statement is made, not with a view to herald my own industry or perseverance, but merely as suggestive of additional reasons why galvano-cautery, which is destined at no distant period to play a most important part in gynæcological practice, is so little understood, and so seldom resorted to. It is also reasonable to infer from what has been said, that many of the unsuccessful attempts to operate by galvano-cautery of which we hear, as for example when the battery is said to have "given out" at a critical moment, have been due less to imperfections in the apparatus, than a want of experience and inadequate knowledge of electro-physics on the part of the operator.

It will be found impossible to construct any galvano-electric apparatus which may not occasionally become defective, either by accidental displacement of some of its parts, or imperfections resulting from use. The well-ascertained laws, also, in accordance with which the electric fluid is generated and set in motion, demand the strictest observance, and will tolerate no innovations incompatible therewith, either as regards the relation of negative and positive elements to each other, and their metallic connections, or the quantity and kind of fluid or fluids by the aid of which electro-motive force is to be obtained.

Consequently no surgeon can hope to succeed in the practice of electro-cautery unless, when difficulties arise, as in case of failing to obtain sufficient heat, he is not only competent to fully appreciate and understand the nature, cause, and extent of such interruptions, but also possessed of a certain amount of mechanical aptitude so as to enable him to remedy the defect. Indeed I have no hesitation in stating that these conditions are essential to success and cannot be safely dispensed with: because, though certain

rules may be laid down concerning the general management of batteries, and even specific directions given as to the proper manner of conducting cautery operations, nothing short of a tolerably exact scientific knowledge of the whole subject will suffice to overcome unavoidable obstacles.

Hence, it is not unreasonable to infer, that had these facts been earlier recognized, many of the troubles and disappointments reported in the practice of eminent surgeons might have been avoided, nor would a quarter of a century have elapsed ere galvano-cautery, instead of being understood and practiced by comparatively few, had become the usual, and not the exceptional means by which certain diseased conditions might be cured or relieved.

Before proceeding to describe such a battery and instruments as I have found best suited to the requirements of surgical practice, some reference to the several kinds of galvanic apparatus used and recommended by others seemed called for. Nearly three years ago I assisted Dr. Noeggerath in removing an epithelioma from the cervix uteri of a lady whose case will be described hereafter, and the battery used on that occasion was a zinc carbon one, such as that first invented by Bunsen in 1843. I subsequently operated with this instrument, and was much pleased with its action in both cases, though in the latter my patient, who had a large fibro-cellular polypus attached by a thick pedicle, lost much blood, owing to the vascularity of the parts, but more particularly because the wire used was, as I believe, too fine, and perhaps also in some measure on account of traction kept up on the tumor. I remarked then to gentlemen present that vascular parts could not be safely cut through except by a much thicker wire, which I was informed the battery, though a very large one, would not sufficiently heat.

My next few operations were conducted by means of a powerful Grove battery, the only distinctive difference being that platina instead of carbon is used as a negative element, and in every respect similar to that used by Professor Middeldorpf.

This apparatus, though beautifully constructed and costly, was soon abandoned, however, mainly because of the great trouble and care needed in working it; for like the one first used, strong nitric acid was required for the inner or porous cell, and on account of which perplexing accidents are often unavoidable. Nevertheless, being favorably impressed by what I had already observed, and influenced by the opinions of authorities against other than constant batteries, I determined to provide myself with another 8-cell Bunsen, similar in principle to that of Dr. Noeggerath, already referred to. After a few trials, however, I found it quite insufficient to heat wire of such length and thickness as would insure against hemorrhage in any but trifling operations. This defect, coupled with the danger in handling large quantities of strong nitric acid, and the suffocating nitrous fumes resulting from chemical action, not to speak of the trouble and time spent in filling, emptying, and

cleaning the cells, induced me to abandon every kind of so called constant, or two-fluid battery.

The claims of Stohrer's four-cell one-fluid carbon-zinc battery were next fully considered, but on account of its huge dimensions, being less portable than any of those already tried, I hesitated, and concluded to procure the French contrivance, known as the "Grenet battery." This little apparatus is composed of eight zinc and six carbon plates, four of the former being united and connected with three of the latter, similarly joined, the other sets of three and four zincs and carbons, each unitedly forming the negative and positive poles.

In this manner the whole is made to act as *two* powerful cells. I have operated frequently with this instrument, and can fully endorse the views expressed regarding its power and certainty of action by Dr. Garret, of Boston, the only author, so far as I know, whose opinions as to its worth seem to have been derived from a practical knowledge of its capacity. After an extensive practical acquaintance with this battery it is a little amusing to recall the description given of it by Meyer, in his work on "ELECTRICITY IN ITS RELATIONS TO PRACTICAL MEDICINE," as follows:—"After the battery is dipped into the fluid *as high as the upper edge of the carbon plates*, a Y-shaped tube is fastened to the rubber tube, and to this a pair of bellows; soon the fluid is thrown into commotion, and after *four or five seconds* the platinum wire which is secured to the conducting wires going from the zinc and carbon poles, *glows*." None of which is correct, because neither this nor any other such battery should ever be dipped "as high as the upper edge of the carbon-plates," no bellows is needed, and the platina requires no longer time to become incandescent than when attached to any other battery that I have ever seen. I have never found it necessary to use the bellows attachment, the occasional raising and re-immersion of the battery being all that is needed to perpetuate its power. It has not, however, that "*intensity*" arrangement which many operations demand, and hence its sphere of action is too limited to be universally serviceable in practice. Moreover the lead-lined box which contains the fluid is too large to be conveniently portable, and there is no mechanism provided for raising the battery out of the acid solution when not actually in use, and keeping it suspended so as to drain the plates, arrest chemical action, and thereby control and preserve its heating capacity.

Being on the whole, tolerably well satisfied with this first specimen of single-fluid battery, my next desire was to obtain one of a similar nature, but, if possible, still more powerful and less limited in its sphere of action, yet as moderate in size as would be consistent with these additional requirements.

A battery combining in a very great degree all these qualities was therefore constructed at my request by Mr. Charles T. Chester, 104 Centre street, whose thorough practical acquaintance with

electro-physics is so well known, and to whose politeness I am greatly indebted for many valuable hints and suggestions. This instrument is composed of eight pairs of carbon and zinc plates, each measuring about six by nine inches, and so arranged that the whole could be made to act either as two cells when *quantity* is desired, or four cells as when greater *intensity* is needed to overcome resistance. If short and heavy, or flattened platina is to be heated, certain binding screws marked two or turned down, while those marked four are to be raised; and when a long and comparatively thin wire, such as is used for looping purposes, is required, this order of adjustment is to be reversed. By this useful contrivance the apparatus can be made to meet every want, and in my hands it has never failed. As an evidence of its power, moreover, I may state that five inches of number sixteen wire can be made incandescent, and as the elements can easily be raised or lowered by means of a windlass attachment, its management is simple, and as a whole it is far superior, in my estimation, to the more clumsy and costly apparatus of Stohrer.

With all these attractive features, however, it also is too bulky and heavy to be conveniently portable, and consequently not so well adapted to the requirements of private as to hospital practice. The quantity of fluid required to bring it into action is three gallons, prepared by dissolving three pounds of bichromate of potassa in ten quarts of boiling water, to which, when cool, two quarts of sulphuric acid are to be added.

It will be observed from these remarks that, though double-celled batteries, whether composed of the Bunsen or Grove elements, are constant in their action, they possess no other attractive characteristic warranting a preference over the more simple and manageable single-fluid arrangements. Indeed, this supposed indispensable quality as to constancy may be conveniently dispensed with, for it is no more an essential requisite in a battery for surgical purposes, than would be perpetual motion in a time-piece.

Authorities on electro-surgery, as a rule, either caution us against the employment of these batteries simply because they are not continuous in their action, and liable to give out at a critical moment, or furnish such an incorrect description of their *modus operandi* as to deter many from using them. They seem to entirely forget, however, or at least fail to suggest that there can be no reasonable object whatever in immersing a battery before its action is called for, or allowing it to remain so unnecessarily long, and during intervals of inspection which ought to, and must occur during every important cautery operation. Another very common and mischievous fallacy is, to suppose that by disconnecting one or other of the conducting cords, or otherwise breaking the current, as, for example, by means of a slide in the cautery-handle, we thereby arrest the waste of thermal power. Breaking the current, however, does not wholly arrest chemical action; and as prolonged

immersion, even with this precaution, seriously impairs electro-motive power, no battery of this class should be put in contact with the fluid until heat is actually required, or allowed to remain so during operative interruptions, or one minute after it has served its purpose.

DESCRIPTION OF BATTERY.

Fig. 1 is a correct representation of a battery devised by me over twelve months ago, and employed in some of my most important operations.

It consists of twelve carbons and twelve zincs, each 3 by 5 inches, combined and arranged so as to represent four sets or cells of three pairs each. In this order the elements are securely fastened by nuts and screws to a hard rubber platform $7\frac{1}{2}$ by 8 inches in surface, and one-quarter inch thick; and the combinations and connections effected by means of narrow strips of copper annealed and nickel-plated. In the centre is a cog-wheel 3 inches in diameter, which, on being turned by means of an upright handle, causes the two water-agitators to revolve.*

Near the front edge of the platform is fixed what might be properly denominated an *electro-motive*, or *electro-tension disc*, by the aid of which the whole character of the battery may be changed in a moment, so as to represent either two cells, as when quantity is needed, or four cells when great resistance is overcome, such as in heating a long thin wire.

The latter simple contrivance has rendered this battery, in my hands, equally reliable and powerful in every emergency, being capable of heating (white) from 6 to 8 inches of No. 16 wire (Stubb's gauge), or over 12 inches of No. 21, the last mentioned being the size which I always select for looping purposes. Passing through the centre is a square perpendicular rod notched on one side for the reception of a ratchet-spring fixed to the collar of the central wheel, and by which the battery may be easily lowered into the liquid, or raised and kept suspended at any point desired. This arrange-

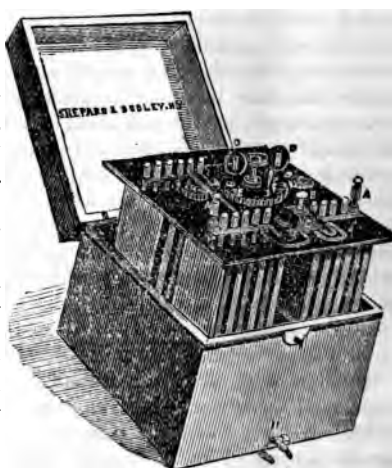


FIG. 1.

* The object of this arrangement is to increase the power of the battery when, owing to continued use, as in tedious operations, the fluid may become exhausted.

It is very seldom needed, but as an example of its value under certain circumstances, I may state that half strength fluid—that is, one part of water and one of fresh ordinary battery fluid—can be made, by agitation in this manner, to produce nearly, if not quite, an equal heat with the strongest fluid without such agitation.

ment is much preferable to that of a screw, as in Stohrer's instrument, because the small size of my apparatus as compared with the former, enables the assistant in charge to regulate its power according to the demands of the operator, with less delay and equal facility.

The upright rod being screwed into a transverse support in the box, can be removed when the battery is not in use.

The box is divided into two parts by a central plate, suspended above, and running from before backwards; a stop-cock is provided for drawing off the fluid and washing out the battery after being used, and the whole being made of hard rubber moulded, there is no necessity for lead or other lining.

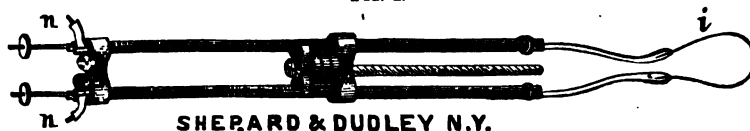
The conducting cords ought to consist of not less than 100 strands of fine copper, or what is still better, silver wire, each cord well covered with silk or cotton in the first place, and then, as a matter of great convenience when operating, bound together by another covering to commence 12 inches from the binding-screw extremities, and to continue up to within three inches of the opposite ends. The latter should each be provided with a socket and sliding ring for the reception of the cautery handles, as this is a much better and less bulky manner of making connection than by binding screws as ordinarily employed.*

DIRECTIONS FOR PREPARING THE BATTERY.

The quantity of fluid required is six pints, prepared by dissolving twelve ounces of bichromate of potassa in five pints of boiling water, to which, *when cool*, one pint of sulphuric acid is to be slowly added. Owing to the chemical heat generated by the admixture of the acid, the liquid must again be allowed to cool before using; otherwise, the zinc plates would suffer much waste, and the efficiency of the whole apparatus then and for the future be seriously impaired. Every battery ought to be carefully examined *each time* before commencing operations with it, so as to make sure that every part is in order, and that no displacement or contact of zincs and carbons has taken place since last in use. Before pouring the fluid into the box, the elements should be lifted out carefully and rested on some smooth surface, and the quantity above stated (six pints) should be measured, unless, as I have suggested to the manufacturers, a mark be placed on the inside to indicate the required quantity. The next step will be to screw on the upright rod, and suspend the battery sufficiently high to be out of the bath. The conducting cords may next be adjusted, and in doing so, care should be taken that the binding screws are turned down tightly, so as to insure perfect connection, the same exactness being also necessary in regard to the handle attachments.

* This battery, as well as every form of electrode required, is manufactured by Shepard & Dudley, 150 William street; and for the perfect and satisfactory manner in which my instructions have been carried out, as to their construction, much credit is due to the good taste and mechanical judgment of Mr. William R. Leonard, with the above firm.

FIG. 2.

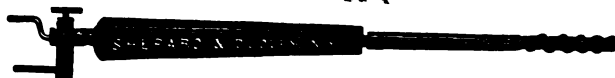


SHEPARD & DUDLEY N.Y.

Figure 2 represents an improved loop instrument originally manufactured by Mr. Charles T. Chester at my suggestion, and is far superior to any other that I have seen used or described, for the following among other reasons: The loop is tightened by straight traction instead of being wound on a roller, and thus less likely to be impaired for future service; while the opera glass attachment enables the surgeon to keep up a more regular and steady action than would be possible by turning a wheel. Moreover, by using such an instrument as this he will be more likely to avoid the frequent and serious mistake of cutting through the tissues too rapidly, thereby forfeiting one of the main advantages justly claimed for galvano-cautery, which I need hardly say, is security against hemorrhage.*

Figure 3 is the spiral cauterizer which I have been in the habit of using successfully in cases of chronic inflammatory affections of the urethral mucous membrane, and as a more thorough, safe, and radical means of combating obstinate follicular disease of the cervical canal than any other caustic or stimulating application

FIG. 3.



heretofore employed or recommended. Within the last few months, however, I have devised and used what I consider a much better means of accomplishing the same purpose, by substituting for the spiral wire and porcelain, 5 inches of a heavier wire (say No. 16), flattened and doubled so as to nearly represent a long cylinder. In this manner the treatment here recommended may be very thoroughly carried out.

The cautery knife and handle are tolerably well shown in figure 4, and, as the uses to which the former is applicable will be referred to elsewhere, no description need be here given.

FIG. 4.



* The loop end of this instrument is somewhat different from that exhibited in the drawing, and is provided with a wooden casing to protect the sound parts from injury by reflected heat in the metallic conductors.

So also in regard to the illustrations A B C D E F G; while some will be clinically noticed hereafter, the uses which each is designed to serve can hardly fail to be understood by a moment's reflection.

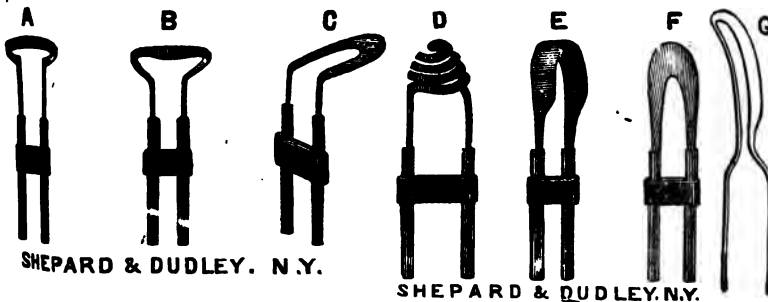
It may be proper to remark, however, that the dome-shaped cauterizer D is used for the purpose of searing over surfaces from which morbid growths may have been extirpated, or stopping the open mouths of bleeding vessels; and the little knife G is that delineated in figure 10, where one of the many useful purposes to which it may be applied is plainly indicated.

In addition to the battery and electrodes herein described, it must not be forgotten that the operator will have to be provided with certain other contrivances designed especially to facilitate cautery operations, though as to their range of usefulness by no means limited to such purposes, as for example,

A SUITABLE SPECULUM.

Ordinary devices of this nature, though answering tolerably well for a mere ocular examination of the cervix uteri, or routine topical treatment, will be of no service whatever for the purpose under consideration, because parts to which the actual cautery is to be applied must not only be brought well into view and within perfect control, but as far as possible isolated from surrounding structures. Besides, patients, whether anæsthetized or not, are often restless, and the slightest movement at a critical moment might seriously affect the whole subsequent proceedings, were not some provision made against all such contingencies.

Moreover, it must not be forgotten that inexperience on the part of an assistant, or the most trifling variation in the position of his hand, often rendered unavoidable by fatigue, may equally interfere with the operator's design.



If a Sims speculum be used, at least two experienced and reliable assistants will be needed, one to hold that instrument, and the other to take charge of the anterior vaginal wall, yet neither can render any other kind of aid while thus engaged. The strongest objection to its use, however, is the position in which a patient

must necessarily be placed, for I contend that no uterine operation by galvano-cautery can be satisfactorily conducted unless the patient is made to assume the dorsal attitude.

Granting, then, that these views are in the main correct, and knowing from extensive clinical experience that we do possess a means by which most of the important desiderata here indicated may be obtained, any device combining properties so attractive, demands something more than a mere passing notice.

The instrument referred to, is the speculum introduced and described by me about fifteen months ago, and a modification of which is here shown* (Fig. 5).

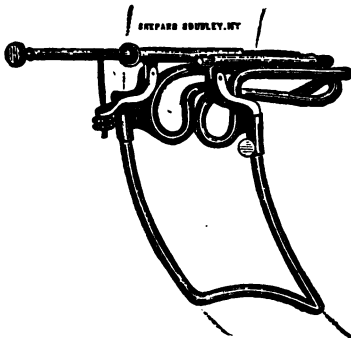


FIG. 5.

This speculum, it will be observed, differs none in principle from that previously noticed, and, as to the several pieces of which it is composed, they may be considered the same, *with one exception*, namely—the frame on which the lower or perineal blade moves is much wider and a little longer, thereby affording more working space and greatly facilitating operative manipulations. The fore-shortened view in the above sketch will serve to explain more clearly the points of difference between

this “operating,” and the ordinary speculum.

Some advantages, however, will be found by having the intra-vaginal parts of this instrument a little longer—say half an inch—and from one-quarter to three-eighths wider than the ordinary size. I have also occasionally resorted to a piece of bent spring wire, to be introduced after the speculum has been adjusted and the uterus fixed in position, for the purpose of still further separating the lateral walls. This, though by no means an indispensable requisite *in any case*, may nevertheless be made to render good service, under certain circumstances, and on this account I have given directions to have some such device supplied with each “operating” speculum.

Fig. 6 is intended to illustrate more clearly the principle on which this speculum is constructed, and the *modus operandi* by which the curved vaginal canal is not merely dilated, but straightened by pressing back the perineum BELOW, while the vesical wall is elevated ABOVE. The under blade, it will be noticed, is made to move in a circle of which the centre is indicated by its point, so that the relation of the latter to the cul-de-sac, when the instrument is first introduced, does not materially change, no matter to what extent the perineal blade may be pressed backward. The

* For a full description of this instrument *American Journal of Obstetrics and Diseases of Women and Children*, see for Aug. 1871.

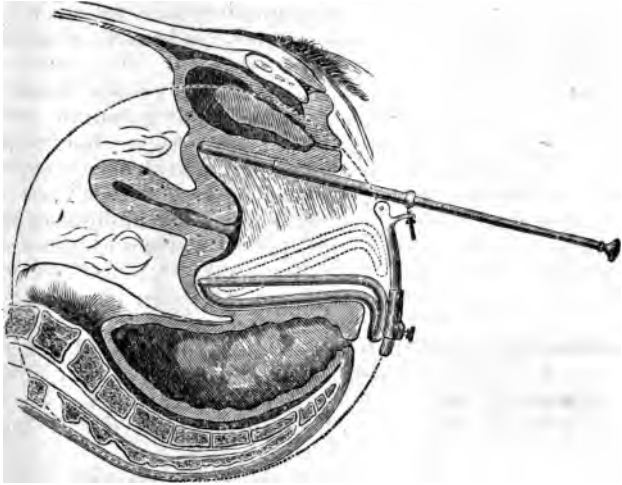


FIG. 6.

various directions, too, in which the upper double rod may be made to move, is a most important feature in this instrument; for, however displaced a uterus may be, more especially if anteverted, and provided no firm adhesions exist, there is no difficulty in bringing it into view, and so fixing it for examination or treatment.

The difficulties said to have been met with by some in using this instrument may, I think, be very readily accounted for, and I would submit the following as the most probable and rational explanation: In the first place it has been found almost impossible, up to a very recent period, to get manufacturers to carry out my instructions as to its mechanism, and the consequence has been that quite a large number of imperfect instruments have found their way into the hands of practitioners. That this has been a source of serious annoyance and much disappointment there can be no doubt, for I have myself seen more than one worthless specimen; and wherever I have had the opportunity, have insisted on the purchaser's returning it. This drawback, I am told by the various makers, is now at an end, and there will be no difficulty for the future in obtaining the perfect instrument. Nevertheless, every purchaser should carefully examine to see that the principle as to circular motion, &c., is carried and that *the width of the upper blade is rather less than that of the lower.**

Again it not unfrequently happens that some physicians undertake to use it without reflecting on the purposes for which it has been devised, or the directions heretofore given for its application, and as a natural consequence often blunder in adjusting it. There are others, too, I am told, who seem to have been disappointed at

* Say not more than one inch and a quarter, outside measurement.

failing to find in this contrivance an automatic speculum, by the aid of which common sense and ordinary judgment in uterine examinations might safely be dispensed with. One of the latter class, if asked his opinion of it, will very likely reply that he could not possibly get along with it, as in his hands it caused much pain to the patient, and after all offers no advantages that he can see over any one of half-a-dozen others. Akin to this class might also be mentioned another—one, I fear, never doomed to become extinct in any age, and on whom the most labored and intelligible description of improved instruments and apparatus, from whatever source, would be lost or have but little effect, but yet, neither in numbers nor otherwise so entirely insignificant as to be passed by unnoticed. These self-styled conservatives do not as a rule take kindly to novelties, but, quite content to follow the path of writers and thinkers of the last generation, some one of whom they invariably set up to worship and accept as a guide for all time to come, could hardly be expected to become favorably impressed with any such innovation as that herein described.

Indeed so inflexible are they in adhering to obsolete habits, and so utterly incapable of freeing themselves from the grasp of preconceived notions, that anything seeming to clash with either will not be entertained for a moment.

They neither hesitate, nor, strange as it may appear, are they ashamed to declare that every structural change to which the human uterus is prone can be diagnosticated by them with the greatest facility and satisfaction by peering through a glass tube, and for all such ails their magic wand of lunar caustic is a never-failing remedy. Now, so far as this class is concerned, but little can be hoped for from anything that I might here advance; for of what benefit would be the best microscope to one who would insist on his being able to study pathological anatomy by the aid of a Stanhope lens?

Thus, then, on the one hand, through the well-known obstinacy of manufacturers and their workmen in persisting to carry out their own notions in spite of repeated protests, and on the other from neglect, incapacity, or other causes, on the part of practitioners, the instrument has yet to be better and more generally known before its great value can be appreciated.

There is no speculum with which I am acquainted that can be used in all cases without more or less discomfort to the patient, and the one under consideration is no exception in that respect. However, though the least objectionable of all others on this ground, and the most indispensable instrument to every gynecologist (Dr. Sims'), may be employed to draw back the perinæum with but little pain, in the majority of cases, it is unreasonable to expect that this proceeding could be carried to an equal extent by one which, though designed for a similar purpose, can accomplish the same only by making counterpressure on the arch of the pubes

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and base of the bladder. But it is neither proper nor at all necessary, except in operations of more than ordinary importance, and when patients are under the influence of an anæsthetic, to insist upon such a display of the parts as this instrument is capable of affording; and on this point I have been quite explicit in the following directions for its use:

"The patient having assumed the desired position—say, on her back, with knees drawn up—and the introductory digital examination having been made, the speculum, with elevating rod drawn out, is taken in the right hand, the thumb resting on the anterior concave surface of the perineal blade, while the left index finger and thumb are used to separate the labia. It is now to be inserted downward and backward in the direction of the post-uterine cul-de-sac, and, while being thus held, the projecting handle of the elevator is to be depressed and pushed forward to the extent required to bring the uterus into a proper position in relation to the outlet, when the touch of a finger to the button-screw serves to keep everything in place.

"It will now be observed that the elevator and depressor blades describe a triangle, and the vaginal canal represents a hollow-cone, whose apex is the outlet.

"The perineal blade is now to be depressed in proportion to the amount of working space required, and, of course, with due consideration for the degree of elasticity or resistance in such case, when a turn of the set-screw will serve to secure it at any desired point.

"When the object is merely to make simple applications to the cervix, a very slight depression of the blade only is needed—rarely more than half an inch. Besides, forcible and continued traction cannot be easily tolerated, and ought to be reserved exclusively for the more important operations. In the case of patients under the influence of an anæsthetic, or where the parts have been subjected to parturient expansion, no particular exactness in this respect is called for. In others, however, the utmost care should be observed, lest profitless curiosity be appeased at the expense of a patient's comfort.

"Having thus obtained a full display of the uterus and adjacent parts, the projecting lever-rod may be removed, and the patient placed in any other than the back position, previous to or at any subsequent stage of an operation, should such a procedure be indicated.

"Indeed, I have frequently found it desirable to change the position of patients during tedious operations without removing this speculum, and in no instance have I noticed any deviation in its relation to the intra-vaginal parts from that obtained when first adjusted.

"In proceeding to remove the instrument, the steps adopted for its introduction should be reversed, the perineal blade being first released and the elevator drawn outward so that, in closing, it may clear the cervix.

"The latter purpose—closing the blades—will be best accomplished by first making slight pressure on the projecting level-rod,

as in the act of elevating the anterior wall, when the button will admit of being rolled down with a touch of the finger, and the speculum can then be withdrawn."

I trust, in thus attempting to explain the manner of using and the advantages possessed by my own speculum, I shall not be understood as ignoring the merits of other such instruments, especially those of Drs. Thomas and Nott, with which I have had considerable experience, and satisfactory too; and as for that of Dr. Sims, it is hardly supposable that any gynæcologist of the present day could pretend to do without it.

The distinctive features of the instrument above described, in addition to its being self-retaining consists in its wider range of usefulness, and, unlike all other contrivances of the kind, in being capable of affording a complete display of the uterus, with ample room for all instrumental manipulation. There are, therefore, but few, if any, intra-vaginal operations in the whole range of uterine surgery, vesico-vaginal fistulæ perhaps alone excepted, but what may be conducted with the greater facility and completeness by its aid, and *without a speculum-assistant*.

However foreign to the subject of this paper the foregoing remarks may be deemed by some, I have very little doubt but that there are many who will hereafter, at least, candidly admit both their relevancy and importance.

Fig. 7 is a reversible vulsellum devised for the purpose of drawing down the uterus and maintaining it in any desired position during operations; as, for example, amputation of the cervix and extirpation of canceroid growths. To accomplish this object it is to be introduced while closed within the cervical canal, and the tenaculum points reversed by a further approximation of its fenestrated ends when it may be fastened at any degree of expansion by the ratchet attachment (See Fig. 10). I have had many opportunities of demonstrating the utility of this little instrument, and as it will also serve for a good ordinary vulsellum, I consider it an invaluable aid in most utero-vaginal operations. It is but proper to state, however, that the principle of its mechanism is no invention of



FIG. 7.

nine, but originally suggested by examining a hinged tenaculum designed and used many years ago by my friend Dr. J. Marion Sims, though for entirely different purposes. The only original features about it, therefore, besides its adaptation to other uses, are in its having double instead of single projecting claws and reverse action.



FIG. 8.

Figs. 8 and 9 represent rake-toothed forceps employed for grasping such structures as are apt to break down readily, or yield to traction by any ordinary tenaculum or vulsellum. I have also found them especially serviceable in tearing away large masses of diffuse vegetating and other soft cancerous growths preparatory to cauterization of the subjacent tissues.

Having thus, as briefly as possible, described such an apparatus and the more important of the instruments which I have found needed in operations by galvano-cautery, I shall now submit a few cases from my clinical records selected solely on account of the intrinsic interest of each, and the instruction that may accrue from their perusal. The man-

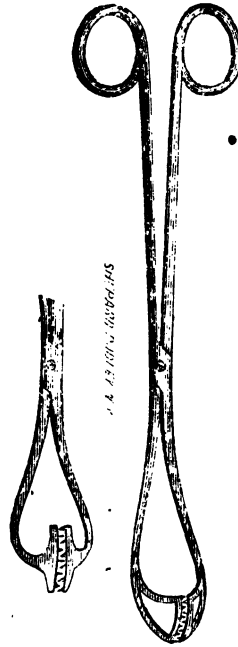


FIG. 9.

ner in which these cases are presented, and the accompanying illustrations, will, it is believed, render unnecessary any extended introductory remarks, or specific directions as to how such operations ought to be conducted." *Medical Record.*

Syphilis.

Dr. Ricord, in a recent conversatione (the Doctor) was quite emphatic in the declaration that syphilis could be "perfectly, radically cured." The following, in reply to a question by Dr. Gross, is worthy of careful consideration:

Dr. Ricord said his opinion was that a soft chancre, when accurately diagnosed, never gave rise to constitutional disease. This

was a law as absolute as possible. But they must be careful, or errors of diagnosis might be made. It was not always easy to establish the difference between soft and hard chancre; but when the diagnosis was certain, they might be sure they would not have any constitutional disease after the soft chancre. On the contrary, even as long as six months after hard chancre secondary symptoms would appear. This was one of the most clearly established facts in practice. But the hardness of the chancre was not always well marked (*bien formulee*); it might be very superficial in those varieties that were attended with excoriation. When there was a something like parchment at the base, a chancre was very easily taken to be soft, but was not so; and he had had cases sent to him as instances of soft chancre which had been followed by secondary symptoms, but which were well characterized by the parchment-like base. However, there was a symptom of more value than the parchment base, a symptom that was one of the most important witnesses to constitutional affection, and that was the non-inflammation of the glands—they were cold and dull. In general several of them became enlarged; it was very seldom that only one was found to swell after hardened chancre; and not only were the glands swollen, but the enlargement frequently occurred on both sides, in both groins. The enlargement of the glands was of much value as a character of hardened chancre. The enlarged glands appeared very early, even during the first fortnight of the existence of the sore. With the soft chancre the glands did not always swell; in a great many cases there was no swelling. They would never find a real hard chancre without swelling of the glands; and they would often find many cases of soft chancre with swelling, these cases depending upon surgeons confounding the hard chancre with thickening dependent upon inflammatory infiltration of the tissue immediately around the sore. But if the glands should swell after soft chancre, it was probably that suppuration would come on. With hard chancre there was no inflammation and no suppuration. The older writers directed their efforts to cause an indurated sore to suppurate, in the belief arising from the practical observation that when a bubo suppurated there was no constitutional disease, and therefore they were under the belief that the poison was thrown out of the body. In their quaint way of putting the fact, "they did not like to shut up the wolf within the fold." But they could not bring on specific suppuration in the case of indurated glands; it was impossible. He had tried all means of doing it, and could not succeed in the cases of specific suppuration. In the instance of soft chancre what had they to do—await the occurrence of suppuration, which might either be attended by simply inflammatory or specific bubo. When a patient consulted him (M. Ricord) suffering from soft chancre he said to him, "Be quiet; you may have a bubo; that will suppurate, but your constitution will be unaffected; you will not be liable to secondary symptoms." With a

hard chancre he could predict indurated glands, attended by constitutional symptoms, within six months, provided proper treatment were not followed. He would add, that when it was decided that the case was one of hard chancre or soft chancre, the treatment was very simple. When there was a doubt as to the nature of the chancre, he waited till some characteristic symptom arose. But there was cases in which the existence of a soft chancre did not prevent a patient from contracting a hard chancre. The patient might have the two species at the same time, contracted from the different sources. The two species, hard and soft chancres, do not depend upon the difference in the ground, but a difference in the seed (*contagium*). So that the new comer who had relations with a woman suffering from the two species could take his choice. If the patient had a true undurated chancre and well diagnosed secondary symptoms, he might catch the soft chancre as often as he pleased, and it would be unattended with specific constitutional disturbance.

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A Lesson on Diagnosis.

Dr. Waters, in a clinical lecture reported in the London *Lancet*, gives the following good advice to the young practitioner:

"It may seem to you an easy matter to make out the nature of a case. A man of experience will put a few leading questions, make perhaps only a slight physical examination, and at once pronounce a correct opinion of the existing ailment; and you may imagine that you will readily be able to do the same. But do not be mistaken. This power of rapid diagnosis has been the result of long observation and great painstaking; and you will find even that the man of the most matured judgment will often spend a long time over a case—will examine carefully all its details—before he will venture on an opinion of its nature. If you wish to attain to the power of rapid diagnosis in ordinary cases—you must begin by examining with the greatest care every detail of a series of cases which are the best marked instances of their kind. The study of these will prepare you to understand the varieties and complications which so constantly present themselves at the bedside."—*Medical Herald*.

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A PECULIAR CASE.

By EUGENE SMITH, Detroit.

July 23d, I was consulted by Mrs. J. concerning her baby's right eye, the lids of which were very much swollen, as were also the temple and the scalp of the same side. The child was three weeks old, apparently quite healthy and strong, and had shown no indi-

cutions of ill-health until three days previous. There was no abrasion of the skin nor had there been any. The right side of the face and head were of an erysipelatous hue.

Upon close examination I discovered four pimples and two holes about the size of a pin-head; the holes were in the outer surface of the lower lid, and the pimples on the temple and scalp; pus was oozing from one of the holes, while in the other three was evidently a *moving something*, which, on being extracted, with the forceps, proved to be a *grub* or *maggot* about one line in thickness, and nearly $\frac{1}{4}$ of an inch in length. The holes were perpendicular to the surface and about $\frac{1}{2}$ an inch in depth. The mother remarked that from the other hole a worm nearly as large had worked itself out.

Examining the other four papules I detected *motion* beneath the surface, and pinching off the very thin top of each, I extracted *four more*, of varying size, the first, however, being much the largest.

The worms resembled, in appearance, those we find in fruit.

Now the question is, what are they, and where did they come from? Aitkin, in his practice, vol. 1, p. 887, speaks of a "Bulama Boil," caused by the larvæ of an insect, and his description of the worm answers very closely to those I removed, but in my case there was no regular boil.

Had there been an abrasion or wound, or conjunctival secretion, I would have considered them to be larvæ of the fly, but there was not; neither had there been anything of the kind; and I do not believe the ova could have been deposited in a sebaceous duct. The baby was as neat and clean, and as well taken care of, as possible.

I am at a loss to know how to account for their presence, and several physicians of many years' experience, to whom I showed the pathological specimens ($\frac{1}{2}$), had neither seen nor heard of a similar case.

That the ova were deposited by an insect seems like the only rational way of accounting for their presence, but *how* is not clear to my mind. I should be pleased to have the opinion of the profession on the subject.

The child recovered after the removal of the worms. *Mich. University Med. Journal.*

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BWARE OF GREEN WALL PAPERS.—A physician in Western Massachusetts recently had a lady patient who, for several weeks, had been suffering from nausea, general prostration, and other symptoms of slow poisoning. Failing to discover the cause of the symptoms, says the "Hartford Courant," as a last resort the Doctor requested her to move from the chamber, the walls of which were covered with a very light shade of green, so light, indeed, that in

the evening it could scarcely be distinguished from white. After leaving the room the symptoms immediately disappeared, and the patient rapidly recovered. A sample of the paper was forwarded for analysis to the State chemist at Hartford (Mr. Joseph Hall, of the High School), and was found to contain a large quantity of arsenic. Mr. Hall obtained the poison in the various forms of metallic arsenic, yellow tersulphite, silver arsenite, and arsenious acid or common white arsenic. He estimates that every square foot of this innocent-looking paper contained an amount of the poison equivalent to five grains of arsenious acid, or double the fatal dose for an adult person. This, in the moist warm weather of last July and August, was amply sufficient to keep the air of a room constantly impregnated with the poison, and any person occupying such a room would be as certainly poisoned as though the arsenic had been taken into the stomach. *Richmond and Louisville Med. Journal.*

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GLYCOGEN.—M. Claude Bernard announces that he has recommenced his studies on the evolution of glycogen in the eggs of birds. He recalls to mind that in 1843 he discovered sugar (*glycose*) in the liver of animals; that in 1855 and 1857 he proved that this sugar is derived from a particular source—glycogen—fixed in the hepatic tissue. Finally, in 1859, he again found this glycogen in the placental organs of mammals and in the vitelline membrane of birds. It is at this point that he recommences the research.—*Ex.*

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FOREIGN BODY IN INTERIOR OF EYE.—Prof. S. D. Gross (*Mich. Un. Med. Jour.*) recommends the following "treatment when a foreign substance, lodged in the interior of the eye, can not be extracted. Where useful vision yet remains, and the foreign body is creating no irritation, the case should be kept under close observation, and the patient cautioned to seek aid upon the appearance of symptoms of irritation in the sound or uninjured eye. Where useful vision is destroyed, and the foreign body yet remains, giving rise to destructive inflammation, the eyeball should be extirpated to remove the cause of a probable sympathetic ophthalmia in the sound eye. Although dissection has shown that foreign bodies in the eye, as shot, pieces of iron, and gun caps, may become encysted, yet such an event is extremely rare, and does not afford immunity against future attacks of inflammation. As long, in fact, as the extraneous substance remains, it is liable at any time, whether free or adherent, to provoke suffering and disease, and to induce sympathetic inflammation in the sound eye." *Medical Cosmos.*

CASE OF GASTROTOMY (By Francis Troup, M. D., Auchtermuchty : *Edin. Med. Jour.*, July, 1872).—In the year 1867, a man, æt. 50, asked my advice about loss of appetite, and gnawing pain at the epigastrium after taking food. This pain had troubled him more or less for a year, and now vomiting of bloody-looking fluid containing particles of food had set in. No treatment relieved these symptoms; the quantity of food rejected increased; blood was brought up in small nodules, like "boiled liver," as patient described it; and the act of swallowing was slowly performed, and excited a peculiar suffocative cough.

No tumor could be felt, but a bougie passed down the œsophagus encountered a constriction at lower third of sternum; when this was passed, a second, an inch or so lower; and then it found free entrance into the stomach.

During many months, nine at least, attempts were made to keep the passage open by bougies, the patient himself learning to introduce them; then, as increasing difficulty of passing them was experienced, elastic catheters of gradually-diminishing calibre were tried, and a certain amount of food introduced in this way. Nutrient enemata were also freely used. By-and-by the canal became completely closed, and there was constant hawking and coughing up of clear, tenacious, ropy mucus, and for a month before death patient was almost entirely supported by the enemata. During the first part of this month patient complained much of hunger—during the last fortnight, only of a thirst which was something dreadful to bear. He was anxious to live, if possible, or, at all events, to have something done to relieve this tormenting thirst. I carefully explained to him that it was possible to open the stomach and to introduce nourishment; that so doing could not possibly cure him, and might prove fatal; but if he survived, believed his thirst would cease. He elected to have the operation done; and assisted by the late Dr. David Lyell, of Newburgh, we gave chloroform, and his father, Dr. John Lyell, now of Glasgow, I proceeded to do it in the following manner: A straight incision three inches long, commencing a little below the extremity of the xiphoid cartilage, was made to the left of the middle line of the abdomen, and midway between it and the costal cartilages. The thin abdominal walls and peritonæum were easily cut through, and, guided by the liver edge, search was made for the stomach,—a somewhat difficult matter, owing to the tenseness of the abdominal parietes, and the shrunken condition of the viscus itself. Pulled down and firmly held by forceps, an opening into it was made, its edges stitched to the parietal incision, and a tracheotomy-tube of moderate size, and with a large shield, secured in the wound. Milk, in gradually increasing doses, and stimulants, were now easily passed into the stomach, and the three remaining days of the man's life were spent in comparative comfort.

The operation scarcely raised the pulse, and the patient repeatedly expressed the opinion that it was worth while having under-

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gone it, were it not for no other thing than the quenching of his thirst. A post-mortem was with difficulty obtained. The cardiac end of the cesophagus was found converted into an epitheliomatous mass, through which, even with the assistance of daylight, no passage could be found. The stomach was very small, and had been struck about its middle. The opposed serous surfaces of stomach and parietal incision were in parts adherent, and the incision itself, in all its length, healing. The peritoneum had not inflamed, — a sufficiently remarkable fact, considering the free handling to which it had been subjected. — *Philadelphia Med. Times.*

EPILEPSY CURED BY THE USE OF BROMIDE OF POTASSIUM AND SULPHATE OF ATROPIA. — Dr. L. P. Yandell, Jr., (*The American Practitioner*, September, 1872,) reports three cases of the above disease. In the first, a girl thirteen years of age, the bromide alone had been used in full doses for many months without relief. Dr. Y. gave her twenty-six grains of the bromide three times a day, and one hundredth of a grain of the sulphate of atropia night and morning. The attacks soon became less frequent, and in seven months had apparently disappeared. She was directed, however, to continue the medicine twelve months more.

ANCHYLOSIS OF THE LOWER JAW; RECOVERY THROUGH THE FORMATION OF A FALSE JOINT ON BOTH SIDES. — This case occurred in the same clinique as the preceding. The patient was twenty seven years old, and was affected with complete ankylosis of the jaw, the result of an inflammation following scarlet fever. The growth of both upper and lower jaw was appreciably retarded, in consequence of continued disuse. Perfect relief was afforded by an operation, which consisted in removing a wedge-shaped portion of the lower jaw, the base of which pointed downwards. At the time of the report, four months after the operation, the motion of the jaw was completely restored. (*Arch. f. Klin. Chirurgie*, xiii. B. 3 H.) — *Boston Med. and Surg. Journal.*

BOLDO. — This is the name of a new remedy which has been recently introduced into Europe. It is imported from Chili, where it is distilled from the leaves of a tree of the genus *Monimiaca*. Its reputation appears to rest upon a pretty slender basis, and not upon the results of any trustworthy experiments. Thus far, it has been administered empirically for the more frequent affections of the liver. As in the case of *cundurango*, its use is most strongly recommended by charlatans, pecuniarily interested in its success, and like that drug, its popularity will probably be of very short duration.

Editorial.

Death of Dr. Orlando K. Parker.

RESOLUTIONS OF ERIE COUNTY MEDICAL SOCIETY.

At a special meeting of Erie County Medical Society, convened on account of the death of Dr. O. K. Parker, the president being absent, Dr. T. F. Rochester was invited to preside, who, on taking the chair, made feeling and appropriate remarks, speaking of Dr. Parker as ~~one of the~~ most dignified, intelligent and worthy members of the profession, in whose death both the community in which he lived and the profession sustain irreparable loss.

Dr. MINER said that he had had a most pleasant and intimate professional and social acquaintance with Dr. Parker, and felt his death a personal bereavement. He had long seen that his life was approaching its end, and that his earthly labors must soon cease. Dr. Parker was a physician who enjoyed the love, respect and confidence of the community in a remarkable degree, whose kind manner and warm sympathies won for him a place in the affections of the circle of his acquaintance which but few obtain. As a physician he was intelligent, earnest and capable; in his relations with the profession courteous, true, honorable, and worthy of the high respect so universally entertained for him. Alas! that one so full of noble impulses should die so soon.

Dr. LAPP had furnished him the following account of his life:

Orlando K. Parker, M. D., of Clarence, Erie county, N. Y., died of consumption Nov. 16, 1872. He was born in the town of Sheldon, Wyoming county, N. Y., August 16, 1826, and was therefore at the time of his death a little more than 46 years of age. After receiving an academical education, he engaged in teaching and clerking until he began studying for the medical profession in the office of Dr. Milton Potter, now of Attica. He graduated at Geneva in the year 1848, and commenced practice at Clarence the same year, where he continued, with the exception of a few months spent as surgeon in the army, until the day of his death. He was married January 18, 1866, to Miss Maria N. Norris, of Buffalo, whom he now leaves a widow with two children. There remains of the family his aged father and an only brother, Dr. L. P. Parker, of Akron, N. Y. By his honorable life and untiring devotion to his professional duties, Dr. Parker won for himself the love and respect of a large circle of friends and the patronage of an extensive community. His death will be widely lamented.

Dr. SAMO made remarks speaking of Dr. Parker as a most dignified, attractive, and capable physician, whose presence in the society added much, and whose death was a great loss.

The following resolutions were unanimously passed:

WHEREAS, Death has removed from our membership Dr. Orlando K. Parker, who has filled during his short but useful life all our offices of honor and trust, and gained the highest respect and confidence of all,

Resolved, That in the death of Dr. Orlando K. Parker we have to mourn the loss of one whose professional life was characterized by most honorable and worthy conduct; who was deeply interested in everything that could promote the welfare or increase the usefulness of our profession, and whose early death is a great loss to this society and the world.

Resolved, That we extend to the family and friends of the deceased our deep sympathy in their sad bereavement.

Resolved, That we attend the funeral in a body, and wear the usual badge of mourning.

Resolved, That these resolutions be published in the *Buffalo Medical and Surgical Journal* and a copy sent to the family of the deceased.

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MEETING OF THE NEW YORK STATE MEDICAL SOCIETY.—The New York State Medical Society holds its annual meeting in Albany the first Tuesday in February, 1873. Delegates from County Medical Societies should not fail to be present. So few have attended from Erie county that there are not any physicians eligible to permanent membership at the present time, we believe.

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ALBANY COUNTY MEDICAL SOCIETY.—The report of the meeting of this Society for December, reached us too late for publication in this Journal, but will appear in the January number, together with the report of the meetings for that month.

This Society is fully awake to its work, and its meetings always call forth many valuable and scientific papers. The able and efficient Secretary, Dr. F. C. Curtis, of Albany, has undertaken to furnish our readers with reports of the monthly meetings, and we congratulate our readers upon the opportunity afforded them of reading the valuable papers and discussions presented to this society. We are personally under many obligations to Dr. Curtis for his kindness.

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MEDICAL ASSOCIATION OF CENTRAL NEW YORK.—This Association met at Rochester, on the 17th of December, and was as usual full of interest. Through the kindness of the Secretary, Dr. T. L. Brinkerhoff, of Auburn, we shall be enabled shortly to lay before our readers some of the papers read at this meeting.

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THE MEDICAL RECORD.—This excellent journal completes its seventh volume with the present year. Although it has been published but a short time, it has taken rank among the foremost of medical periodical publications, and has received the support of some of the most prominent members of the profession. We have ourselves often taken the opportunity of making selections from its pages, and our readers will bear us witness of their general worth and excellence. We congratulate the editor and publishers of *The Record* on their success thus far and trust that the future has much good in store for them.

Books Reviewed.

A Practical Treatise on Urinary and Renal Diseases, including Urinary Deposits. Illustrated by numerous cases and engravings. By WM. ROBERTS, M. D. Second American from the Second Revised London Edition. Philadelphia: Henry C. Lea, 1872; Buffalo: T. Butler & Son.

Roberts on Urinary and Renal Diseases has been long known and prized for its completeness. The second edition has been most thoroughly revised and considerably enlarged. Two new chapters have been introduced—one on Suppression of Urine, and another on Paroxysmal Hæmatinuria. The illustrations are many of them new, and the cases reported under the different heads are interesting and instructive. The two chapters on Diabetes are full of valuable matter, and present the latest views concerning the pathology and treatment of this disease.

Chapter III. of Part II. treats in a very full and satisfactory manner on Gravel and Calculus and the medical treatment to be pursued in cases of this character. The different varieties of calculi are fully discussed, and some considerable portion of the chapter is devoted to the topic of solvent treatment of calculi.

Part III. treats of Organic Diseases of the Kidneys, and is the largest portion of the work.

Our space will not permit us to give as full notice of this work as would desire to do. It has been for some time before the public, and the profession are many of them doubtless acquainted with its merits. We can only say to those who are not in possession of a copy that the second revised and enlarged edition will afford them ample study and reflection, and present the subject of Urinary and Renal Diseases to them in its latest and most complete form.

Lessons in Physical Diagnosis. By ALFRED L. LOOMIS, M. D.
New York: Wm. Wood & Co., 1872; Buffalo: H. H. Otis.

The work of Dr. Loomis on Physical Diagnosis has been for some time a book of reference to student and practitioner. Clear where the student might be in danger of misapprehension, ample in illustration, and concise in direction, it has always been a favorite with all. The new edition, therefore, will be welcomed with no small amount of pleasure by the army of graduates who are shortly to go out to practice auscultation, percussion, and the other means of physical diagnosis, upon suffering mankind. To the new edition there have been added five lessons,—three upon examination of the urine as applied to diagnosis, and two on the mechanical aids to diagnosis. The original text has also been revised and enlarged, and the author presents to us in the third edition of his work a guide in diagnosis which seems in every respect complete. The present edition as enlarged com-

prises over two hundred and thirty pages, and it is issued in a form at once elegant and serviceable. We know of no work of more value to student or young practitioner.

Diagnosis of Ovarian Tumors, with special reference to the operation of Ovariectomy and Occasional Pathological and Therapeutical Considerations. By WASHINGTON L. ALLEE, M. D. Philadelphia : J. B. Lippincott & Co. Buffalo: Martin Taylor.

This book is mainly a clinical record of the experience of the author, and contains numerous cases in detail, a careful study of which is instructive. Nearly every form of ovarian tumor is included in the report and the best methods of diagnosis fully described.

The work will be found a valuable guide to those who are not familiar with such disease, as obscure subjects are illustrated and all explained by detail of cases. Perhaps the method of the author in writing his book to illustrate his subjects with cuts and illustrative cases might be imitated with advantage.

A Treatise on Diseases of the Nervous System. By WM. A. HAMMOND, M. D. Third edition, with addition and corrections. New York: D. Appleton & Co., 1872. Buffalo: Martin Taylor.

Any extended review of this work is unnecessary. It has been sufficiently before the profession in the former two editions to become known to physicians as a complete treatise on diseases of the nervous system. The publication of a third edition within a year from the date of the original publication is sufficient evidence of the appreciation by which it is held in the profession; it also indicates the determination of the author to keep step with new ideas being advanced in neuro-pathology, and make his work complete as a treatise on diseases of the nervous system. The present edition embraces five hundred and fifty pages, and is divided into an introduction, treating of the instruments and apparatus employed in the diagnosis and treatment of nervous diseases, and five sections treating of diseases of the brain, diseases of the spinal cord, cerebro-spinal diseases, diseases of the nerve cells, and diseases of the peripheral nerves.

We recommend this work to our readers as every way worthy of their perusal and study, and as embracing all that is established as of importance in diseases of the nervous system. Prof. Austin Flint, Jr.'s recent work, "The Physiology of the Nervous System," will, with the present treatise, comprise a complete work on the physiology and pathology of the nervous system, and will be issued as such.

The Anatomy and Development of the Rodent Ulcer. A Boylston Medical Prize Essay for 1872. By J. COLLINS WARREN, M. D. Boston: Little, Brown & Co., 1872.

The term rodent ulcer will suggest to many minds a question as to the meaning of the author it being something that is but little understood, or, at least, little

treated of by American or European writers. That it has been in many instances treated of as simply common epithelial cancer, and under this head passed over or but lightly touched, is undoubtedly the case. Some pathologists have noticed its peculiar character and spoken of it to some extent, but their efforts have only tended in many instances to produce confusion. No less than eight different names are mentioned by the author as being applied to it by different writers. Five cases are reported, and the microscopical appearances given by the author. The cases are well reported, and the microscopical appearances exceeding well shown in two plates, which close the book. The profession are under obligations to Dr. Warren for his careful and minute research and well-recorded observations concerning the pathology and development of this disease.

Practical Lessons in the Nature and Treatment of the Affections Produced by the Contagious Diseases, with an Account of the Primary Syphilitic Poison and of its Communicability. By JOHN MORGAN, A. M., M. D., University of Dublin. Philadelphia: J. B. Lippincott & Co., 1872; Buffalo: H. H. Otis.

This work is evidently written by one who has made a careful study of syphilis and the syphilitic poison in most of its forms. He presents to the reader some original ideas which differ somewhat from the already established views of the profession, but these exceptional cases are few, and careful study and observation will, in some instances, we have no doubt, convince of their correctness.

The author lays considerable stress upon the fact that syphilis may be contracted by inoculation with the vaginal discharge, where no local sore exists. The work is for the most part well written, and is amply illustrated. We welcome it as adding other facts to the fast accumulating mass of evidence concerning syphilis, its nature and treatment. Our author is a believer in syphilization, and quotes cases from our great American authority, Prof. Bumstead, of New York. Many of his teachings are to be accepted with some reservation on the part of the reader, and some allowance made for observations made almost exclusively in hospital practice.

The Transactions of the American Medical Association. Vol. XXIII. Philadelphia: Printed for the Association, 1872. Buffalo: T. Butler & Son.

The meeting of the American Medical Association at Philadelphia was one which was full of interest, and many excellent papers were produced. The reports of the different sections are many of them full of interesting intelligence, and the papers published in connection with the reports are, in a majority of cases, thoughtful and scientific productions. The present volume contains the names of the officers and permanent members of the association since 1847, and an appendix containing a nomenclature of diseases.

Hand-Book of Compound Medicines; or the Prescriber's and Dispenser's Vade-Mecum. By ARNOLD J. COOLEY. Philadelphia: J. B. Lippincott & Co., 1873; Buffalo: H. H. Otis. pp. 219.

This work, which is a curious combination of hospital and private prescriptions and patent medicine formulæ, is divided into two parts—Part I. containing formulas for pills, boluses, globules, grains and granules; and Part II. for mixtures. The work is of some value as containing, in some instances, valuable formulas; but it is not up to the times, many new and valuable medicines being entirely omitted. To one curious as to how medicines are compounded and what quack medicines are made of, it may be of sufficient value to warrant its perusal.

Remarks on Stricture of the Urethra of Extreme Calibre, with Cases and a Description of New Instruments for their Treatment. By F. N. OTIS, M. D. (Reprinted from the New York Medical Journal, February, 1872.)

This is a well written little pamphlet, containing some very valuable ideas concerning stricture of the urethra and its treatment. The new instruments described are most of them known to the profession, but we fear their use is not understood. Prof. Otis illustrates his paper by some well chosen cases, and produces an instructive and valuable paper. Stricture is an accident of no rare occurrence, and all are liable to have cases to treat, and to such as are in doubt as how to proceed, the paper by Dr. Otis will afford valuable suggestions.

The Physician's Visiting List for 1873. Philadelphia: Lindsay & Bakiston. For sale by all Booksellers and Druggists.

The Visiting List is almost an indispensable article to a physician, and the one published by Messrs. Lindsay & Bakiston affords every convenience which could be desired by the practitioner. It contains blank leaves for visiting list, addresses of patients, nurses, and others, obstetric engagements, vaccination engagements, &c., and is complete in every particular. They are furnished for from twenty-five to one hundred patients weekly.

A New Method of Extraction of Cataract. By R. LIEBRICH, Ophthalmic Surgeon and Lecturer on Ophthalmology to St. Thomas Hospital. Reprinted from St. Thomas Hospital Reports, Vol. I. Philadelphia: Claxton, Remsen & Haffelfinger, 1873.

This little pamphlet contains a description of what seems to be a very feasible and proper method to be pursued in the extraction of Cataract. The author discards iridectomy in his operations and makes his cut entirely in the cornea, with the exception of the puncture and contra-puncture, which are just within

the sclerotic. The wound, which is preferable to make downward, is not so curved as it has been the custom to make it, and its centre is from $1\frac{1}{2}$ to 2 millimetres within the margin of the cornea. But two instruments are required—a small knife and a cystotome, which has a common Daviel's spoon at the other end. The author has faithfully tried the utility of his operation in a number of instances, and has carefully observed the result before presenting his proposition to the public. It seems to be a valuable suggestion, which will in many cases remove the difficulties and dangers of failure which have in so many instances attended the operation for extraction of cataract.

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Books and Pamphlets Received.

The Microscope and Microscopical Technology. A text-book for physicians and students. By Henrich Frey, Professor of Medicine in Zurich, Switzerland. Translated from the German and edited by Geo. R. Cutter, M. D. New York: Wm. Wood & Co., 1872. Buffalo: H. H. Otis.

The Pathology, Diagnosis and Treatment of Diseases of Women, including the Diagnosis of Pregnancy. By Grailey Hewitt, M. D., London, F. R. C. P. Second American from the Third London Edition. Philadelphia: Lindsay & Blakiston, 1872; Buffalo: T. Butler & Son.

A System of Oral Surgery; being a Consideration of the Diseases and Surgery of the Mouth, Jaws, and Associate Parts. By James E. Garretson, M. D., D. D. S. Philadelphia: J. B. Lippincott & Co., 1872; Buffalo: H. H. Otis.

Questions in Surgery. By Wm. Warren Green, M. D.

Annual Report of the Surgeon-General United States Army.

Thirteenth Annual Report of the Superintendent of the State Lunatic Asylum for Insane Criminals, at Auburn, N. Y.

An Examination of Prof. Reese's Review of the Trial of Mrs. Wharton for the Murder of General Ketchum. By Philip C. Williams, M. D. Reprinted from *Medical and Surgical Reporter*.

The Use of the Seton in the Treatment of some Cases of Chronic Affections of the Womb. By Ely Van De Warker, M. D. Reprinted from the *American Journal of Obstetrics*.

Medical Responsibility and Malpractice. An Address delivered before the Medical Society of the State of New York at its Sixty-sixth Annual Meeting, February 7, 1872. By Wm. C. Wey, M. D., President of the Society.

Medico-Legal Society of the city of New York.

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JANUARY, 1873.

No. 6

Original Communications.

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ART. I.—*Case of Spinal Irritation.* S. WEED, M. D., Wayne County, N. Y.

Read before the Central New York Medical Association.

It is generally conceded, I believe, that the treatment of what the books call "Spinal Irritation" is not infrequently quite unsatisfactory. Hence my apology for reporting the subjoined case is its happy termination, and also to bring to the notice of this society a therapeutic agent which, perhaps, in well selected cases, may be found worthy of trial in some of the phases of this protean malady.

I first saw Mrs. C., a married lady of twenty-nine years, as an invalid, at her parents', in Clyde, September 7th, 1872. I was hurriedly called in while passing to prescribe for her temporarily, she being under the care of another physician and he out of town. I found her hands, feet and stomach in a sort of tonic spasm. Her sufferings were great. I left two powders of sulphate of morphine of about one-third grain each, with directions that one should be taken immediately and the other in three or four hours if complete relief should not be obtained from the first. I then left without further investigating the case.

SEPT. 11TH.—Was requested to visit and prescribe for Mrs. C. again, as her physician was again out of town. On arriving at the bedside I learned that she was suffering from a somewhat different train of symptoms from those most prominent when I had before seen her. The pain or distress under which she was now laboring

appeared to be confined mostly to the region of the stomach and chest. Body apparently well nourished; surface of nearly natural temperature; face somewhat flushed; pulse 65 per minute; tongue coated with a whitish fur; loss of appetite; nights passed without sleep unless opiates were taken, and had been confined to the bed since my former hurried call. She stated that she had been an invalid from January last, when she thought that she had overstrained her back in lifting a sick sister. She had been treated or prescribed for by five or six doctors during that time.

On firm pressure I found much tenderness of the spine, extending from the lower cervical to the lower dorsal vertebra, and producing great distress in the stomach, chest and arms. Repeated prescription of former call, as I was requested to relieve the symptoms only then present and most urgent.

SEPT. 14TH.—Was requested this day to take full charge of the case. Mrs. C. had been confined strictly to the bed since my last visit. Had had no rest except while under the influence of morphine.

Ordered an ice-bag to be prepared from a beef's bladder and placed in the leg of a woolen stocking, filled with pounded ice and applied to the tender spine twice a day, night and morning, and from one to two hours at a time. Chapman's spinal rubber ice-bag would have been more convenient and preferable, but this I could not obtain.

SEPT. 15TH.—On calling this morning, found patient with ice-bag in position. Had had it in position for about an hour. Various articles had been placed on either side of it to prevent undue pressure. She stated that the sensation produced was that of a dull ache.

SEPT. 16TH.—Patient sitting up, or rather partially reclining on the sofa, and feeling every way better. To continue the treatment as before directed until seen again.

SEPT. 18TH.—Patient decidedly better. Sleeps well and has a good appetite.

SEPT. 19TH.—Rode home in a one-horse carriage—distance 5 miles.

SEPT. 22ND.—Called in passing and found Mrs. C. still improving. Had not used the spinal ice-bag for a couple of days owing to a difficulty in getting the material to make a new one. The old

one had become too offensive for use. Was to use one again that day.

SEPT. 25TH.—Was requested to call this day, as patient was having an ague chill. (I was attending a fever patient near by.) Had been feeling well until taken by the chill. Left quinine and dovers powder.

SEPT. 28TH.—Patient up about the house, and says that she feels perfectly well. That the spinal tenderness and its accompanying sympathetic symptoms are all gone. Had on the spinal ice-bag while attending to her household duties. Directed her to continue its use for sometime to come, at least once a day. Neither anodyne or opiates had been taken after her commencement with the ice.

DEC. 6TH.—Saw Mrs. C. at her parents' to-day. Says that she continued the use of the spinal ice-bag about a week after my last call on her in September. That she has enjoyed almost perfect health from that time to the present. She is now the picture of health. On firm pressure there was, however, still elicited slight tenderness in the lower cervical and two or three of the dorsal vertebra. Her mother assured me that there was no curvature of the spine.

In reporting the above case I have purposely avoided any speculation upon its pathology or treatment, since it is still a mooted question among the ablest in our profession as to whether there is any such disease as spinal irritation.

Dr. John Chapman, of London, was the first to introduce and use the spinal ice-bag in the treatment of a variety of diseases having their origin in the spine or other great nerve centers. In Braithwaite's Retrospect, No. 57, and page 39, are reported a series of cases of neuralgia cured by the use of the spinal bag—mostly with ice—two or three, however, with hot water.

In Retrospect No. 50, page 39, is a case of tetanus reported by Mr. Adams, of the London Hospital, successfully treated with ice applied to the spine.

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ART. II.—*Hysteria with Fibroid Tumor of Uterus.* By BENJ. A. FORDYCE, M. D., Union Springs, N. Y.

Read before the Central New York Medical Association.

Hysteria, independent of complication with organic disease, by its innumerable manifestations, is too well known to the medical

profession to require description; but when existing cotemporaneous with grave organic lesion readily diagnosed and positively demonstrated, the inquiry may with propriety be pertinent, what dependence may the one have upon the other? Are the phenomena of Hysteria dependent upon the organic lesion? or are they primary and the change of structure a result?

That many cases of hysteria, which had been considered in the light of some nervous excitement, the pathology of which has been imperfectly understood, are found to be attended by organic lesions of important organs is now too well known to require additional proof.

A case to illustrate the foregoing statement is that of Miss. F., of Cayuga Co., native, age 34 years, a strong, thick-set woman of more than medium height, dark brown hair, dark eyes, of fair complexion, weight 160. From the age of puberty she has been the unfortunate subject of convulsions at the menstrual period. No peculiarity different from the ordinary convulsions of hysterical subjects until some eight years since her menstrual discharge became hemorrhagic at each return, with alarming prostration. Convulsions continued, *more* severe, but not so frequent, sometimes passing over two or three months, then continuing in the most frightfully violent form two or three weeks.

About this time Dr. J. G. Richardson, formerly of Union Springs, now of Philadelphia Hospital, was her attending physician. Upon careful examination the doctor became satisfied that a fibroid tumor was developed in the substance of the uterus or its appendages. The propriety of removing it by an operation was considered, and I was called in consultation. The tumor was hard, inelastic, somewhat moveable, yet so intimately connected with the uterus that the idea was abandoned. We believed no operation could be performed without compromising the life of the patient. She consulted Dr. Briggs, of Auburn, who concurred in that opinion. Other surgeons were consulted, nearly all giving the same opinion. Afterwards, being always apparently ready for something heroic, she went to the Woman's Hospital of New York City, with intention of being operated upon, and was retained as a patient for several months, but returned with the tumor, no better satisfied than before. She then visited Dr. Potter, formerly of Geneva, now

deceased, who gave her some encouragement that it could be removed without necessarily sacrificing her life. All her energies were expended in making preparation for an operation, but a new attack of convulsions with hemorrhage partially frustrated her intentions and postponed her calculations. She was now (winter of 1870-'71) under the care of a Homeopathic practitioner, having some hysterical phenomena, such as retention of urine convulsions, etc. The doctor, becoming discouraged with the effects of his little pills and the great tax on his time, concluded to have an operation, the friends and patient all anxious for this distinction. He telegraphed to Dr. Potter for that object. Prior to the day appointed I was again consulted by the patient. At this time I made a careful examination of the uterus with Sim's Sound, and found that the enlargement had elongated the uterine canal to just five inches. This satisfied me that the substance of the uterus was included in the abnormal growth. I then gave my advice that if she was ready, prepared and wanted to die, to have the tumor removed. She wavered a little, but the doctor came agreeable to his appointment, and, after careful examination, though anxious to operate, would not renew his former assurance of safety to the patient. So (in my opinion) she was permitted to live for the benefit of science and to be the opprobrium of some other innocent doctor, the operation being indefinitely postponed. The Homeopathic doctor now became fairly disgusted with the patient, and asserted, with a verifying declaration, that "it would be better for her and her friends to have the operation performed now they were prepared for it, even if she did die," and refused longer to attend upon her.

We now arrive at a period in the history of the case when the most peculiar tricks of hysteria were to be enacted. A new medical attendant must be obtained. I was probably excused for the reason that I am not much of a favorite in this class of cases in that vicinity. A young physician was engaged, who, for care and fidelity to his patient, could not be excelled. The case progressed as usual for a time, when an attack of Dysphagia, attended with Aphonia, came on suddenly, to the alarm of physician and friends. The doctor informed me that she did not swallow a particle of anything or speak aloud for four weeks, although her brother, with whom she was living, who fully confirmed the doctor's statement a

informed me that they prepared for her each night one and a half pints of rich oyster broth to wet her mouth with as it became dry! During this time she lost flesh, and at times was believed by her friends to be dead. The vital spark remained, however, and as suddenly as the attack came on, in an instant the functions were all restored.

This was followed in a few days with incessant and continued vomiting for several weeks, accompanied by retention of fæces. After exhausting the remedial powers treated of in the pharmacopia, the doctor resorted to croton oil, which, after administering some fifteen drops, had the desired effect.

But the most persistent and irremediable ailment to contend with was retention of urine, which became utterly intractable except to the use of the catheter. On the 8th July, 1871, the doctor commenced his operations with this instrument. No instructions that the doctor could give would avail anything to the patient. The doctor alone could satisfy to remove the secretions, and four times per day for sixteen months was he required to operate. The doctor tells me that at one time it was complicated with diabetes, when for several days he drew off five pints of clear limpid urine every *four* hours, by actual measure, making about thirty pounds passed in twenty-four hours. This excess gradually diminished and was followed by ascites, and this by pleuro-pneumonia, and then onychia, by which all the finger and toe nails were cast off twice during the last two years, with ulceration of matrix of nails.

Upon expressing his apprehensions to the patient that there might be stone in the bladder, in a few days he was amply rewarded by the appearance of gravel in the urine. This discharge was first observed on the 21st of June, '72. Here are some of the specimens which were claimed to have been passed at that time. The doctor showed them to me on the 23d of June. On examination with heat and chemicals, they were found to be just what they appear—slate gravel. I endeavored to satisfy the doctor that he was being imposed upon, but at first was unsuccessful. On the 26th of June, I was requested to see the patient with him. She was put under chloroform and examined with metallic catheter and no evidence of stone found in the bladder. Upon solicitation, I then dilated the urethra, by the method recommended by Dr.

More, successfully passing my finger into the bladder with the same result regarding stone, finding nothing abnormal. This, however, did not cure the evil, for now larger stone began to pass at each introduction of the catheter, or in the doctor's words, "mostly at night and early in the morning," some of these larger specimens I now exhibit to you. From the 26th of June to the 26th of November, the patient passed and the doctor removed three-fourths of a pound of stone of the appearance of those large specimens. I saw them weighed. She would have periods of fright, like a person in delirium tremens; although I should have stated that hypodermic injections of morphine were administered three or four times daily, sometimes one grain at a dose by weight.

Although this woman suffered and passed through all and more than I have related, she has worked at sewing and earned more than two hundred dollars last year, and labors daily when not too ill.

The extreme labor of quarrying so many stone and pumping so much water began to tell seriously on the doctor's health, and he was taken ill in November, so as to be obliged to discontinue his attendance upon the patient. She then went to the Water Cure at Geneva, where, being subject to a change of discipline, or for some other reason not fully explained, the passage of stone from the urethra gradually diminished and in a few days ceased entirely. She was put under the care of female attendants and in a great measure regained several other impaired functions.

The menstrual flow of this patient was too frequent, being every two or three weeks, and excessive in quantity.

Several other cases have come under my observation of the same character of disease, in one of which similar phenomena were manifested for fourteen years, and at last terminated fatally. In this case I had an opportunity of diagnosing the organic lesion two years before, and of making a post mortem examination, when the uterus was found to be hypertrophied to the extent to weigh five pounds. Age 42.

In another case, age 31, married, the fibroid tumor originated from the posterior part of the fundus uteri, midway between the oviducts, and weighed three and one-fourth pounds. By its weight it had retroverted the uterus. Notwithstanding the malposition of

the uterus, the woman became pregnant and went to full time. The tumor occupying the basin of the pelvis and being immovable, delivery *via naturales* was impossible. After remaining in labor two days with no hope of relief from other aid, with the assistance of several physicians who were present, I delivered the woman of a living child by cæsarian section.

Hysterical phenomena and all the unpleasant symptoms connected therewith were frequent in both of the latter cases.

Query.—Is not organic lesion of the uterus the cause of hysteria?

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ART. III.—*Medical Society of the County of Albany.*—*See Monthly Meetings, December 17, 1872, and January 8, 1873.*

Reported by F. C. CURTIS, M. D., Secretary.

The Society met at the usual place and hour, in the city building, and was called to order by the President, Dr. Van Derve. There were present about thirty members.

After the minutes had been read and approved, the death of D. J. F. Crouse, a late member of the Society, was referred to, and a committee appointed to draw up suitable resolutions in regard to it, consisting of Drs. J. S. Bailey, Lewis and Bigelow.

A paper was then read on the subject of Hydrorrhoea, by Dr. QUACKENBUSH.

The term he defined as one applied to those discharges of water occurring in the later months of pregnancy, which are neither preceded nor followed by uterine contractions, and do not interfere with the progress of the gestation to full term.

The character of this fluid is similar to, if not identical with, the amniotic fluid. It may make its appearance, without premonition, by a sudden gush, in considerable quantity, or it may dribble away drop by drop. In either event it is not attended with uterine pains or other symptoms of approaching abortion.

The views which various authors have entertained as to the nature and source of these *false waters*, as they are sometimes called, have been numerous and diverse. Bœhmer supposed they were contained between the chorion and amnion, and were discharged by a rupture of the chorion; Mauriceau considered them to be amniotic fluid, draining away from the interior of the amnion

TO THE PRESS.

With the New Year the publication of the NEW ENGLAND MEDICAL GAZETTE will be assumed by the undersigned.

It will be their aim not only to continue the high literary and professional character which the GAZETTE has always maintained, but also to make it a leading exponent of the homœopathic system of medicine, and at the same time to assume liberal and advanced grounds on all hygienic and medical topics, which are of so much interest to the community as well as to the medical profession. It is hoped to render the GAZETTE more than ever worthy of the kind notices which the Press have so freely bestowed upon it.

OTIS CLAPP & SON,

No. 3 Beacon Street, Boston.

The January number contains ten articles upon topics of interest to the profession; stirring editorials on the Board of Health and the Small-Pox in Boston, and on the Massachusetts Medical Society *versus* the Homœopaths; a wide-awake letter from Elizabeth Stuart Phelps, — author of "Gates Ajar," — and correspondence from St. Louis, also from Brooklyn, N. Y., in relation to Dr. Mormonnier; reports of special sessions of the Massachusetts Homœopathic Medical Society, and of the Boston Academy of Homœopathic Medicine, with resolutions adopted by them in relation to the late Dr. Gregg, of this city, — of whom an obituary notice also appears in this number, — reviews of recent medical books; items and extracts relating to the most important medical subjects; and personal notices of medical men. The GAZETTE contains a great deal which will interest the laity as well as the profession, and may, without assumption, claim to be the exponent of New England homœopathy.

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by a rupture of the membranes high up above the neck ; others have explained it as an œdema of the uterus itself. Carl Braun, of Vienna, has made two kinds of fluid accumulation ; one between the uterine walls and chorion, called *hydrometra ascitica*, the other between the chorion and amnion. The report of Prof. Doughty, of Augusta Medical College, in the *American Journal of Obstetrics*, was also referred to, of a case in which a watery discharge took place in the fifth month, continuing until the seventh month, when she gave birth to twins, the sac of one fœtus being almost empty of fluid and no signs of a rupture of the membranes having taken place at any point. To the view of the author that this was an ordinary case of hydrorrhœa, exception was taken.

Professor QUACKENBUSH then proceeded to state that eight years ago, while exhibiting a placenta to the medical class, he discovered on its foetal surface a cyst containing about two ounces of fluid similar in character to the amniotic. He has since noted others, occurring always on the foetal surface. They are not cystic tumors proper, but a simple accumulation of fluid between the membranes from arrest of transudation. The source of all fluids and nourishments to the fœtus is the placenta. This is the objection to the *hydrometra ascitica* of Carl Braun, which view is untenable because of the lack of a surface and tissue to secrete the fluid. The placenta is a double organ, having two distinct parts—the foetal, which is vascular, and the maternal, which is nutritive and secretory. The false waters as well as the true can only originate through the placenta. Or even should it form between the uterine walls and the chorion, it would necessarily dribble away drop by drop, because the membrane is too slightly adherent to hold it in any quantity.

His own view he expressed as follows: The fluid, failing to transude through the membranes, accumulates in the form of a cyst on the foetal surface of the placenta ; as it increases in quantity the cyst distends until it reaches the periphery of the placenta, when rupture of its walls takes place from lack of support, and the fluid escapes between the chorion and the walls of the uterus.

He presented the following case of Hydrorrhœa: Mrs. B., in the seventh month of her fifth pregnancy, while walking in the street, felt a sudden gush of water, which she supposed was due to a rup-

ture of the membranes. On stepping aside she noticed the pavement quite wet with the flow that had occurred. She hastened home, and was seen soon after by Dr. Quackenbush: He discovered no symptoms of approaching labor, and did not find anything other than it should be. Rest was enjoined, and she went on to full term, and was delivered naturally, the bag of waters forming as usual.

At the conclusion of the paper a perfect specimen of a placenta and membranes was presented, on which was shown the lax connection between the chorion and amnion, and by it the view taken was explained.

On the motion of Dr. W. H. BAILEY, it was voted that the paper be transmitted to the State Society as a communication from the County Society.

Dr. FOWLER reported a case in which a patient, in the sixth month of pregnancy, fell backward from a chair with force. At the time much fluid escaped from the uterus, and when seen the patient was still lying on the floor where she had fallen. The os was not dilated, and she was left after giving an opiate. From the time of her fall she was relieved of a dyspnoea which had troubled her before it. She was delivered naturally at full term. The supposition was that, in this case, there was a rupture of the membranes.

Dr. SWINBURNE raised the question whether the liquor amnii can accumulate again after being discharged; he believed that it could.

Dr. QUACKENBUSH differed from this view.

Others took part in the discussion of the paper.

After a short recess, Dr. DEVOL spoke upon the subject of "Favorite Remedies," giving a good number of valuable combinations of medicines, which recommended themselves to the thoughtful consideration of the Society. He mentioned those only which in a long practice he had found especially useful, detailing the circumstances and conditions in which he employed them.

Dr. BIGELOW said that he was familiar with many of Dr. Devol's formulæ, and they had been very useful to him. The subject of stimulants had been alluded to; it was one growing in interest and prominence before the public.

On the motion of Dr. SWINBURNE, it was voted that Dr. Devol

be requested to present a paper on the subject of stimulants at the next meeting.

On motion, the Society adjourned.

SEMI-MONTHLY MEETING, January 8, 1873.

The Society met at the city building at 8 o'clock P. M., and was called to order by the President, Dr. Van Derveer. There were twenty-two members present, besides other medical gentlemen.

Dr. QUACKENBUSH, after remarking upon the approaching meeting of the State Medical Society here in February, made a motion that an entertainment be given to the members of it by our County Society, and a committee of six be appointed to attend to the business of providing it.

The motion was carried without debate.

The committee appointed consists of Drs. Van Derveer (*ex-officio*), Quackenbush, Boyd, Thomas Hun, Swinburne, and W. H. Bailey.

Dr. DEVOL read a paper entitled "Intoxicants Dispensed with in Medical Practice."

Alcohol is the genus of which all intoxicants are species. Absolute alcohol is composed of three simples, thus: Carbon 4 equivalents, hydrogen 6, and oxygen 2; or, by volume, carbon 4, hydrogen 6, and oxygen 1. Its specific gravity is 80-100. It boils at 172° F. It is not congealed at 166° below. It is the product of death and decomposition. Alcohol is the union of three elements in such relations and proportions as were never found in earth, or air, or water. Alcohol is absolutely destitute of nourishment, and never can be assimilated in the animal constitution. It is a foreign body, and is irritant in the animal body. The extent to which spirituous liquors are used in the sickroom, and the results of their use, only need to be known to create a correct public sentiment on this subject, to suppress their use, and withhold patronage from rum doctors. Employment of intoxicants in the treatment of the sick may be considered from different standpoints. It has an historic aspect, a scientific aspect, a religious aspect, a social aspect, a temperance aspect, and a medical aspect. There is no occasion for the employment of spirituous liquors in the treatment of the sick. There is ample provision in our materia medica for all supposable cases where stimulants are indicated, exclusive of the whole

list of intoxicants. In palliation of the use of spirituous liquors in the sick-room, St. Paul is quoted, recommending a little wine for the stomach's sake. Suffice it to say, what everybody ought to know, that the wine he recommended was the unfermented juice of the grape, called in the Scriptures the "best wine."

According to the latest and best authorities in medical literature and science, it is demonstrated that alcoholics are only hurtful in medical practice. I know full well that this sentiment, and whoever asserts it, will be very unpopular in Albany. I presume, nevertheless, to say I discard the whole brood of intoxicants—rum, gin, brandy, bourbon, and beer—and employ non-intoxicant stimulants as substitutes. I dare not prescribe brandy and whiskey and make my patients drunkards, as thousands are so destroyed in Albany and everywhere. Substitutes for intoxicating liquors are derived in great numbers and variety from officinal stimulants, carminatives, and antispasmodics, and completely supplant them. It has been asserted that the innate normal constitution demands, and should have, intoxicants; whereas the appetite for them is adventitious, artificial, habitual, and unnatural. Whoever would be a drunkard must learn to love what he at first loathes and abhors. Mankind monopolizes drunkenness; angels above us and the hogs beneath us decline it in disgust. Alcoholism, or drunkenness, is anæsthesia; that is, the subject is strengthless and insensible; all the wheels of life but one or two stand still. Inebriation is a disease—a species of insanity. A drunkard is demoralized generally. He lies in a stupor, with stertorous breathing; he may recover or he may not. The engorged brain may give way, and epilepsy or apoplexy close the scene. But for the division of the nervous system into sentient, motor, and sympathetic nerves, the first drunken debauch would be fatal. The indulgence is at a fearful hazard! Any person assumes a fearful responsibility who uses intoxicants as a beverage or a medicine. A double and terrible criminality attaches itself to the doctor or grog-shop-keeper who holds the cup to his neighbor's lip. Human depravity doubly depraved. Physicians have an undisputed right to be as wise and good as other men.

The fact is patent as it is deplorable that physicians, by prescribing spirituous liquors for the sick, become responsible for a vast

amount of drunkenness! Not a few in the medical profession have, in the main, given up the practice of medicine, stopped reading, and gone to prescribing bourbon and brandy to their credulous and much injured patients. Women, especially, are led into drunkenness in this way. For this reason there are, as I believe, more drunken women than men. They are induced to drink while nursing, and hence the infant drinks alcohol in the milk. There is an utter recklessness about taking quack medicines such as Plantation Bitters, Vinegar Bitters, Townsend's Sarsaparilla, Winslow's Soothing Syrup, Female Pills, and every conceivable description of catch-penny empirical frauds. Such audacity and trifling with nostrums and life and health is most absurd and deplorable. If a desperate fanatic choose this mode of suicide he must abide the consequences. Doctors beware! I do not, however, object to tinctures when the doses contain so little alcohol as to make no perceptible impression upon the patient. The drug so prepared is the medicine; the alcohol is merely the vehicle. Rum doctors destroy thousands whom their fellow-trades of the dram-shops never could reach. Innocent children and members of Christian churches and members of the gospel are being drugged and dosed with bourbon and brandy who would not go into a rumsellers den or touch their bane except it were prescribed by their doctors. Not unfrequently staunch temperance men and devoted Christians die of *delirium tremens*, for which they are not in the least responsible. Rum doctors have the undivided, unenviable responsibility of these homicides. The rum doctor's prescription for consumption is cod-liver oil, bourbon whiskey, and a journey to the country. The patient must be taking something. Whisky will keep up the delusion that he is getting better. He is told that his complaint is curable; it is only a slight cold; the blood he coughs up is from the head or throat; the matter he expectorates is only a little mucous; his night-sweats are owing to a change of the weather. Finally he is sent away on a journey. When the patient's eyes are closed his friends eyes are opened; the trickery is exposed; the curtain is dropped; all confidence in the doctor is lost; he is discarded forever; served him right.

Alcoholics do not aid digestion; on the contrary, they impair digestion by precipitating the pepsin, the gastric juice, the digest-

ing fluid. In beef tea and brandy beef tea is the remedy; in hot brandy sling, hot water is the remedy. Cumulative poisons produce mercurialism, cinchonism, egotism, iodism, and alcoholism, which is anesthesia or drunkenness. In extensive hospital practice in Europe and this country *delirium tremens*, treated with alcoholics, 50 per cent. die; treated with warm baths and nutritious diet, without opium or alcohol, one in a hundred die. Alcoholics dispensed with in the treatment of fevers in Naples, mortality was reduced from 28 to 7 per cent.; the same results in fever hospitals in Glasgow; in British and French hospitals the same results. Ten thousand drunkards died of cholera in England and Ireland, and scarcely ever a temperate man. Cholera kills drunkards!

Substitution of tea and coffee for rum in the army and navy is a good thing for sailors and soldiers. Some people wonder at the frequency of apoplexy, induration of the spleen and liver and fatty degeneration of the heart; also the prevalence of idiocy and insanity, of scrofula and consumption. No marvel; intemperance explains the whole.

No one who is capable of feeling the responsibility of a parent or physician would ever drug children with the nostrums in the shops, as *Drops, Elixirs, Cordials, Balsams* of life, Winslow's Soothing Syrup. Beer-guzzling and whisky-drinking mothers give their babes alcohol enough through the lacteal secretion of the mammary gland to make them habitual drunkards before they can speak or walk, and the nurse keeps concealed about her the drops that "make the baby sleep." Drunkenness prevails in the nursery! The paroxysms of infantile drunkenness are well defined. The demand for the *drops* is urged with petulant cries that nothing else can suppress.

Such is the effect of narcotics on the infantile generation that parental authority is ignored; age no longer commands respect; civil authority is set at defiance, and all restraint,—parental, social, religious or civil—is desperately resisted. Our future is ominous enough. We see in the not far distant future more and more ruffianism, and ignorance, and vice, and penitentiaries, and cemeteries full. Dirks, bowie-knives, slung-shots and revolvers will be more and more fashionable, and suicides, robberies and murders will, indefinitely, be multiplied; the majesty of the law and the

ends of justice lost in the corruption and bribery sanctioned by position or gold.

Dr. BECKETT asked what authority there is that alcohol is not a nutrient and does not promote assimilation. He would differ from some of the statements in the paper. It is hardly possible to find anything to take the place of alcohol in medicine. In his own recent sickness with pneumonia, he took a pint a day of Bourbon whisky. He took other stimulants, as carbonate of ammonia, quinine, &c., but these often added to his sufferings, which consisted of high fever and intense headache, while the whisky always diminished them. The burning pain in his head was often such that it was necessary to pour ice water over it, but whisky would, after a time, relieve it and put him to sleep. Does its use in such cases increase intemperance? He thought it impossible to make men drunkards by using it in acute cases. In his own case the taste was unpleasant while taking it, and since recovery he felt no desire for it. Opium might with equal propriety be rejected from the Pharmacopœia. The fact that alcohol has a chemical origin and does not exist in nature, is no stronger an argument against it than against many other drugs. As to its increasing the temperature necessarily, a drunken man will freeze sooner than one sober.

Dr. SWINBURNE said that most of the poorer classes in Great Britain drink gin and beer, which would account for the large proportion there of deaths from cholera among habitual drinkers, compared with those who totally abstained from its use. He thought the latter class as likely to take the disease as the former. Liquors in England cost more than all the necessities of life. On the continent of Europe, where the use of light wines is universal, he seldom saw in public gatherings, in parks and places of amusement, a person intoxicated. If we are to be a temperate people, it must be by the same general use of a mild beverage. Its medical use requires discretion; there are those who can and those who cannot bear alcohol in fevers.

Dr. C. S. HOYT referred to a paper on cholera by Dr. Coventry, written in 1853, and said that cholera is no more severe among the intemperate, who continued to drink, than among the temperate, but was worse with those who attempted to reform. In the army it was considered indispensable. In lunatic asylums it is used ex-

tensively as a sedative in certain forms of insanity. In nervous affections, accompanied with wasting of tissues, it is valuable, especially combined with coffee, acting here to retard disintegration of tissue. His experience of its use in fever confirmed Dr. Beckett's. He agreed with Dr. Swinburne, that after its use in acute diseases, there was a disgust felt for it. He knew many cases where it had been given in the army hospitals in very large quantities, and he knew of none of these who continued its use now. Those who use quack preparations, such as "Plantation Bitters," are very apt by this means to become intemperate.

Dr. BLATNER was asked to give the result of his observation in Germany of the use of alcoholics. He said that while at Leipzig, cholera was threatened, and red wine was recommended to be used freely by Wunderlich and other professors. It was followed by good effects, attributed to its nutrient and astringent qualities. He saw light wine and beer used universally by German students in Berlin, Vienna, and other university towns, as well as by the professors, and all are familiar with the amount of mental work they accomplish. He thought the lower classes could hardly do without beer, as in it they found an article of food at once cheap and nutritious. There are many who live entirely on black bread and beer.

Dr. LORENZO HALE reported a case of Syphilitic Paraplegia, and presented the pathological specimen of the case, showing in a section of the spinal cord taken from the lumbar region a gumma about three-eighths of an inch in diameter, located opposite the third lumbar vertebra. The patient, who was 31 years of age at the time of death, had the primary sore five years ago. He was first seen by Dr. Hale two years ago, then having sarcocoele, both testicles being affected. He presented other symptoms of constitutional syphilis. Under Iodide of potassium he soon improved so as to resume his occupation.

A year ago paralysis of the right leg came on gradually and became total. Sensation and motion were afterward impaired in the left leg. The right leg could be pinched without pain; but a severe jar caused pain at the hip and knee. Three weeks before death he became very feeble and passed into a semi-unconscious condition, the pupils being somewhat contracted. There was incontinence of urine and feces, ascites and pleuritic effusion. The para-

plegia was complete of both sides. Toward the last his pulse rose from 80 up to 120, respiration was accelerated and temperature high.

"According to Ricord, gummy tumors never appear earlier than six months after contagion, and usually several years. The microscopical appearance of them are thus described by Lebert:

"A thin section of the tumor is found to consist of loose fibrous tissue, made up of pale elastic fibres, inclosing in their interspaces a homogeneous granular substance, the elements of which are less adherent to each other than in deposits of true tubercle. The granulated cells or corpuscles do not exceed in size m,005. They are rounded and contain an irregularly granulated substance. Some of the larger cells have pale and irregular walls, and appear to contain a rounded nucleus."

Robin says that "these cells are made up of rounded nuclei, belonging to fibro-plastic cells, or *cytoblastions*; of a finely granular, semi-transparent and amorphous substance, and finally of isolated fibres and a few capillary blood vessels. They may occur on all the external parts of the body, (spinal cord not mentioned). I have found no case recorded in which a gumma has been found in the spinal cord, post mortem, though there are cases in which it has been diagnosticated."

Hammond says "intra-spinal tumors may result from the syphilitic, scrofulous and cancerous diathesis." He relates a case of paraplegia of supposed syphilitic origin which was cured by iodide of potassium.

Durkee says "they have been found in the substance of the skin, in the subcutaneous cellular tissue, muscles, tendons, epididymis, testicle, liver, lungs, brain, bones, etc."

Dr. VAN DERVEER presented a specimen of mono bromide of camphor. This, he said, has been spoken of for the past ten years in Germany, and thought highly of. His own experience with it is favorable, though not large. It is adapted to delirium tremens, hysteria and convulsions of children, and often operates with marked success. The dose is from one to four grains. It is not expensive.

Dr. MORGAN reported a case of cancer of the uterus, and presented the pathological specimen. The patient was aged 56 at the

time of death. A remarkable fact was that but little pain had attended its development, there being times, however, when it was severe. She had slept well and appetite good, and her strength continued remarkably until a week before death, so that she assisted in the household duties of the Home for the Friendless, where she was. For the past nine months there has been a constant discharge of a most offensive odor. Post mortem, it was found that the os, neck and half the body of the uterus was affected, especially posteriorly and on the left side, being much broken down; the walls of the vagina and the rectum were affected with more recent deposits. There was no perforation into the pelvic cavity.

Dr. LANSING presented a specimen illustrating pericarditis. The heart was enlarged and the pericardium everywhere adherent. The case shows the difficulty of diagnosing pericarditis often. Its existence here was not diagnosed; there was no murmur; the heart sounds were indistinct and irregular, which with the enlarged area of dulness lead to the opinion that it was pericardial effusion.

Last September, three months ago, the patient was exposed to cold, and there followed swelling of the extremities and other symptoms of Bright's disease. The urine was albuminous. There was afterwards dyspnoea and cough without expectoration. There was no history of rheumatism.

The post mortem showed, besides this condition of the heart, the kidneys in the second stage of Bright's disease.

The case raises the question whether in such cases the serous inflammation is a primary affection or secondary to the disease of the kidney. He thought the latter view was the correct one. Idiopathic peritonitis is very rare.

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Correspondence.

Utrum Horum Mavis?

PROF. MINER—*Dear Sir*:—In July, 1872, I was called to Le Roy to see Mr. Olmsted, of that village, in consultation with Dr. A. W. Fuller, his family physician. I found an intelligent gentle-

man, fifty-five years old, suffering from ascites and great general anasarca. He had been failing for about a year, his symptoms early indicating hepatic and gastric disorder. On the 3rd of February, 1862, the urine was first tested, and found to be highly albuminous; and this was afterwards always found to be the case, with the usual variation as to quantity. At the time of my visit dyspnoea, dizziness, and nausea, especially on rising in the morning, were the prominent symptoms. Debility, inappetence, and depression of spirits, also were marked. The heart sounds were feeble, but not abnormal. There was evident enlargement in the right hypochondriac region, with tenderness on percussion. Diagnosis: Granular kidney with hepatic complication; prognosis, unfavorable. Taking home with me a portion of urine, I made a careful microscopic examination, and found granular and fatty casts of the tubuli uriniferi in abundance, also free oil globules and granular matter. Diagnosis and prognosis confirmed.

Soon after my examination a physician (?) from New York, a foreigner, as I am informed, was sent for by Mr. O. Promise of cure was made. The visit was repeated three or four times, and enormous fees were paid. Mr. O. was tapped on the 20th of July, on the 4th of September, and on the 18th of October. Some sixty-three pounds of fluid were removed in the three operations. Death occurred a short time after the last paracentesis. On *post mortem* examination the heart was found to be healthy; the liver was enormously enlarged and cirrhotic. The kidneys were sent to me for examination. They were contracted, diminished in size; the capsule could not be separated from the gland, but brought away portions of it with it on removal. The malpighian tufts were ill-defined, and were impinged upon by the cortical structure. Portions scraped from the cut surface were examined microscopically, and beautiful specimens of clogged tubes were observed; also ruptured tubes, with their peculiar fungoid out-croppings; also oil globules and fat granules in large quantity.

Now, Mr. Editor, of what did the patient die? *Utrum Horum Mavis?* Unequivocally he had both renal and hepatic disease. The complication is so common that, to medical men, the question seems hardly necessary; but Dr. Fuller has been blamed by certain wisacres in and out of the profession in his place of residence,

they asserting that Mr. Olmsted did not have Bright's disease, "because he had a big liver."

These critics do not study, read or understand; they have eyes and see not. Allow me to refer them to two reasonably modern authorities, and many more if they desire: "In 250 cases of granular degeneration of the kidneys, the liver was cirrhotic in 37." (Dickinson on Albuminuria, 1868.) "Concomitant Complications—the most common is cirrhosis of the liver. It was present in 15 per cent. of my cases." (T. Grainger Stewart on Bright's Disease, 1869-1871.)

Trusting that this communication may not be without interest to your readers,

Yours respectfully,

THOS. F. ROCHESTER.

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Miscellaneous.

Clinical Notes on the Electric Cautery in Uterine Surgery.

BY J. BYRNE, M. D.,

Surgeon-in-Chief to St. Mary's Hospital for Diseases of Women; Clinical Professor of Uterine Surgery to Long Island Medical College, &c.

In the preceding remarks it has been my aim to deal only with such questions as seemed to have a practical bearing on the subject of galvano-cautery; so that, for the sake of avoiding tedious details, many points of great interest and importance have been barely noticed, or passed over entirely.

With the same object in view, the clinical part of this paper will consist of a tabular record of operations, their subdivision into groups or classes, and such comments thereon as may serve to elucidate the more striking features of each, together with a few illustrative cases. The whole number of cautery operations thus far occurring within my own observation has been seventy-three, as follows:—

- | | | |
|----|----------|---|
| 19 | cases of | epithelioma, including cauliflower cancer. |
| 11 | " | encephaloid, or medullary cancer. |
| 13 | " | catarrhal, inflammatory, and ulcerative affections of the cervical canal of uterus. |
| 5 | " | amputation of cervix (non-malignant). |
| 4 | " | fibrous and fibro-cellular polypi. |
| 4 | " | sessile fibroid tumors. |
| 2 | " | deep ulceration of os and cervix. |
| 1 | " | intra-uterine vegetation (non-malignant). |

- 2 cases of vascular tumors of urethra.
 4 " granular urethritis.
 3 " hemorrhoids.
 1 " perineo-vaginal fistula.
 1 " lipoma of scalp.
 1 " lipoma of cheek.
 1 " lipoma of ear.

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Of the thirty cases of malignant disease,
 17 were of the uterus alone.

- 7 " " uterus and vagina.
 3 " " perinæum and vagina.
 1 " " left labium.
 1 " " clitoris.
 1 " " breast.

Among the nineteen cases of epithelioma,
 7 were indurated or ulcerated only, and
 12 were of the vegetating or cauliflower character. Of the latter,
 7 were of the cervix uteri alone.
 3 were of the perinæum and vagina.
 1 was restricted to the left labium.
 1 was restricted to the clitoris.

The following table shows the date of operation, the parts involved, and the condition of patients UP TO DATE, in seven cases of epithelioma in its ulcerating stage of development:

TABLE I.

	Date of operation.	Parts removed.	Progress.
1	May 10, 1870.	Posterior lip.	Patient left hospital well, and though lost sight of since, believed to be cured.
2	July 7, 1871.	Entire cervix.	No return of disease; health entirely restored.
3	July 26, 1871.	Anterior lip.	No return of disease; died some months after from other causes.
4	Jan. 25, 1873.	Entire cervix.	No return of disease; general health entirely restored.
5	Feb. 28, 1873.	Entire cervix.	No return of disease.
6	June 5, 1874.	Conical piece from centre of cervix.	Disease reappeared.
7	Nov. 13, 1873.	Entire cervix.	Operation at this time believed to be radically curative.

There are two out of the above seven operations that demand especial notice—Nos. 6 and 7—the same patient being the subject of both, as also of a previous operation undertaken for the removal of a cauliflower outgrowth (see table II., No. 3). At the time this lady came under my notice, my experience in galvano-cautery was comparatively limited, nor did I fully realize, though not without some misgivings on the subject, the great importance of removing tissues as far beyond those apparently implicated as can be safely done.

In every such instance, therefore, since met with, the removal of

the outgrowth has been but the first part of each operation, except where, by traction being made on the tumor at a certain stage, a deeply cup-shaped stump could be insured. Indeed, from what I have since observed, I feel justified in believing that had this rule been observed in the above case, the result would have been entirely different.

As to the failure of a second operation in the case of this lady, my explanation is simply this: the anæsthetic used on the latter occasion was nitrous oxide gas, and owing to certain alarming symptoms manifesting themselves a few minutes after I had commenced to operate, I felt impelled, in my anxiety for the patient's safety, to stop much short of so complete and satisfactory an operation as I might otherwise have effected. However, as the patient's general health is yet good, the best results may reasonably be hoped for from the more thorough measures adopted within the last few weeks.

The following case (table I., No. 2,) bears so forcibly on the importance of effectually removing all the diseased structures at least, and at the same time so well illustrates my method of operating, that its introduction here may add to the interest of what has been said.

CASE I.

CARCINOMA OF UTERUS,

involving both intra and supra-vaginal portions of the cervix.

About the 1st of July, 1871, I was requested by Dr. George K. Smith to see Mrs. —, aged 47, the mother of three children, the youngest of whom being 10 years old. Previous to three years ago menstruation had always been regular; but since then, and up to within the last fifteen months, symptoms such as usually usher in the climacteric period were observed. The catamenia now, and for over a year past, had lost all the character of periodicity, and metrorrhagic hemorrhages had reduced her to a perfectly helpless condition. Her nocturnal pains were almost intolerable; emaciation had taken place to a very remarkable degree, and her anxious, care-worn, cachectic expression might alone have sufficed to indicate the nature of her malady.

By a digital examination, the cervix uteri was found much enlarged and irregularly indurated. The cervical canal was open to the extent of admitting an inch of the index finger, while the surrounding tissues, as far as could be reached within the neck, were unyielding, extremely tender to touch, and bled freely on the slightest provocation. Depth of uterus three inches.

Owing to the absence of any circular line of depression at the utero-vaginal point of convergence, it was found impossible to apply the cautery loop in such a manner as to include more than a small portion only of the diseased structures.

This difficulty, though not encountered before, had, nevertheless, been fully considered as one of the many contingencies likely to arise, and therefore, being anticipated, was provided for.

The patient having been anæsthetized, no trouble was found in bringing the diseased part into view, and by the aid of my speculum, ample space was afforded for any manipulation required.

The gentlemen present at this operation were Drs. G. K. Smith, Skene, Dwyer, and Bedell. The cervix was seized by a vulsellum held in the left hand, while with the cauterizing-knife* the cervix was slowly severed and removed without loss of blood. The same instrument, only more curved by being bent, was now applied to the deeper tissues of the cervix, which, while drawn down by a tenaculum, were cautiously sliced off piece by piece, laterally as well as upward, to the utmost extent deemed safe.

When the parts were thus quite scooped out, a deep bell-shaped cavity was left, from the bottom of which to the fundus uteri measured little over half an inch. No hemorrhage occurred during the whole operation.†

The recovery of this patient was no less rapid than remarkable, and if we except a very trivial secondary hemorrhage, and some degree of irritation arising from accidental scorching of the vaginal wall, no single inflammatory, febrile, or other complication turned up to mar her progress. She has become strong and robust, and up to a very late period has even menstruated regularly, the flow being of course but very slight, yet unaccompanied with pain or distress of any kind. She is under constant observation, and calls at stated intervals, according to my request, for the purpose of being carefully examined. There is but little of a uterus to be felt,

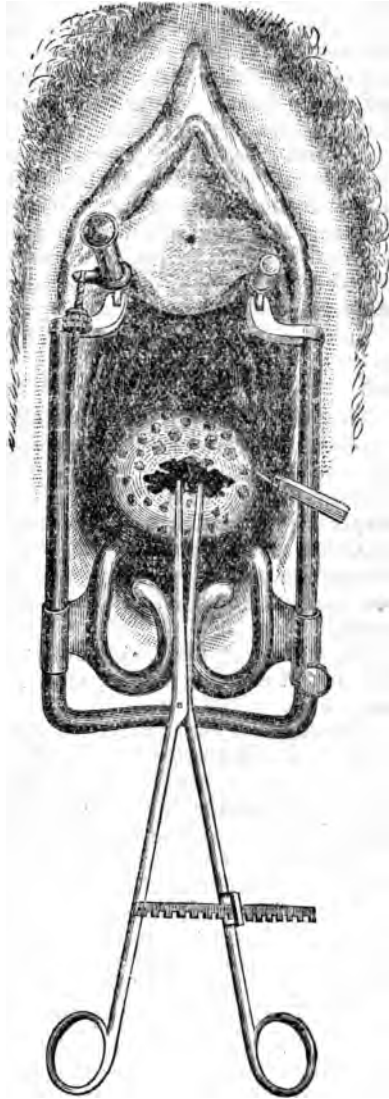


FIG. 10.

* The knife should be got into position before heating.

† A microscopical examination showed cancer cells and free nuclei in abundance.

and the vaginal canal ends in a kind of cul-de-sac, at the bottom of which a still narrower passage may be detected, in depth about three quarters of an inch. The above report of this case was written in the early part of last June, and she is still in the enjoyment of perfect health, having safely passed the climacteric period. That the successful issue in the foregoing case is due to the thorough manner in which the diseased tissues were cored out, I think there can be no doubt. It is also suggestive of the probable causes of failures and disappointments so often met with by some of our best gynecologists, as referred to in the first part of this paper.

The following case clearly exemplifies the folly of trusting to half-way measures, and also where indurated and ulcerating conditions, however apparently limited in extent, resist judicious and active topical measures, how necessary it is to remove the whole cervix up to, and, if needed to insure success, to scoop out even beyond, the os internum.

CASE II.

CARCINOMA OF CERVIX.

Mrs. H——, aged 30 ; has had one child and two miscarriages ; applied for advice to the out-door department of St. Mary's Hospital in June, 1871. Menstruation had been regular up to six months before this date, but since then she has suffered from menorrhagia, sometimes excessive, but always prolonged, with shooting pains in the sacral and inguinal regions, and throbbing sensations in the vagina. She appeared much debilitated, and a physical examination of chest showed tubercular deposits in both lungs.

On making a digital examination per vaginam, the cervix uteri was found much tumefied, tender on pressure, and irregularly indurated.

The cervical canal in its inferior half, though open, admitted the sound with difficulty and its most careful introduction was followed by much bleeding. Depth of uterus three inches. By the topical application of strong solution of iodine and the use of quinine, iron, and cod-liver oil, the size of the cervix and its hardness seemed to lessen, while her general condition improved in a proportionate degree for a time, so that treatment was abandoned. October 4th she applied again on account of a return of her original symptoms, and on a careful examination her condition was found to be very similar to that first observed, and the uterine cervix much more enlarged and indurated. It was now decided to try the effect of actual cautery to cervical canal as far up as the os internum, and also around the os tincæ, hoping by such active means to create healthy action and perhaps relieve congestion by producing a drain. At the end of a month the local condition seemed much better, and for two menstrual periods following this last treatment she had no menorrhagia, and her general health appeared to improve.

This improvement, however, was but temporary, for she once more, on the 25th of January, reported herself as feeling much worse than ever, and an examination fully confirmed the truth of her suspicions. She stated that she had been flowing for two weeks continuously, as was very evident from her anæmic look, and on examination the diseased parts presented a much more tumefied and inflamed appearance than on any previous occasion.

It was now decided to remove the whole cervix by galvanocautery. The condition of her lungs rendering the administration of an anæsthetic of doubtful propriety, and being also desirous to ascertain the amount and extent of pain attending such operations, she was induced to forego etherization. The operation may be described as follows: The uterus having been brought into view and steadied by means of my speculum, the cervix was seized with a vulsellum, and the cautery-knife, before being heated, applied posteriorly, the blade directed transversely, and its edge looking upward and forward. The battery being now immersed, the knife was carried completely around the circumference of the cervix close to its vaginal insertion. In this manner a deep and somewhat oblique groove was made which served as a bed for the loop. The latter was now made to embrace the cervix still held in the grasp of the vulsellum, the battery again immersed, and some traction being made during the passage of the heated wire through the tissues, the operation was completed. When the cervix was removed, what remained of the uterus was deeply concave, and its cavity measured less than $1\frac{1}{2}$ inch. There was no hemorrhage during or subsequent to the operation, and, what is of some consequence to know, she declared that the pain experienced during this operation was no greater than she suffered repeatedly before, when any active topical application was made.

May 16th. Menstruation has appeared twice since the operation, lasting each time four days, and without the slightest inconvenience or tendency to hemorrhage. She has gained flesh, is free from pain, and expresses herself entirely well. By a careful vaginal examination, no trace whatever of disease can be recognized either by sight or touch.

A microscopical examination of the part extirpated gave abundant evidence of carcinomatous disease.

As to the eleven cases of epithelioma characterized by exuberant outgrowths from a comparatively narrow base, the same tabular arrangement observed in the first class may be conveniently adopted.

The first case in this table possesses so many features of great interest, that any remarks beyond those embodied in the following history seem uncalled for.

CASE III.

EPITHELIOMA OF CERVIX UTERI.

Mrs. A ———, æt. 48, multipara, has always enjoyed the best of

health up to within a few weeks of my being called to see her, which was in July, 1869. She complained of great back-ache and bearing down sensations, and noticed some discharge of mucus occasionally mixed with blood. Menstruation regular and normal in character and has always been so. By digital examination the cervix was found much tumefied, more particularly the posterior lip, and painful to touch. On inspection by speculum, there was found a slightly elevated and velvety-looking surface stripped of epithelium and extending over at least one-half of the posterior lip. Anterior half of cervix, though somewhat swollen, yet soft to the touch and paler. The local treatment consisted in warm vaginal douching and the application of iodo-glycerine to the diseased parts once and sometimes twice a week. A marked improvement was noticeable after a few weeks of this treatment, and hopes were entertained that it might be permanent. November 9th, I was requested to see her again, when she stated that her old pains and other disagreeable symptoms had lately returned, but in a much more severe degree. Besides, there was this peculiarity, she said, about her sufferings, that she was seized about four or five o'clock every morning with severe lumbar and hypogastric pain, which lasted up to nine or ten, but after this latter hour she felt relieved and continued comfortable until the same hour of the succeeding morning. A speculum examination now revealed a similar condition of the uterus to that first observed, when the same active topical measures were once more resorted to, but on this occasion with no improvement whatever.

TABLE II.
VEGETATING EPITHELIOMA.

	Date of operation.	Parts removed.	Progress to date.
1	Jan. 4, 1870.	Posterior lip.	No return of disease.
2	Dec. 4, 1870.	Left labium vagina.	No return; died from other causes 16 months after operation.
3	June 18, 1871.	A part of both lips which the tumor seemed to involve equally.	Reappeared in ulcerating form.
4	Sept. 13, 1871.		Died from causes not attributable to operation.
5	Nov., 1871.	Labium and part of perineum.	Little gained by operation.
6	Feb. 11, 1872.	Tumor and cervix.	Had recovered perfectly and no return of disease at last report.
7	April 25, 1872.	Entire cervix.	No return of disease.
8	March 6, 1872.	Clitoris.	Believed to be cured.
9	May 4, 1872.	Entire cervix.	Well at last report.
10	July 20, 1872.	Entire cervix and cauterized, unsuspicious, warty-looking excrescences on vagina.	Doing well at last report.
11	Nov. 20, 1872.	Left labium and nates.	Greatly relieved.
12	Dec. 4, 1872.	Left labium and nates.	Greatly relieved.

The disease, for some time suspected, was diagnosed as epithelioma, and for the following among other reasons: 1st. The

hereditary predisposition existed in a marked degree, and of which important fact I had had some personal knowledge; and 2d. The disease had resisted treatment, constitutional as well as local, well calculated to improve if not to cure a less serious ailment.*

About this time (December, 1869), Dr. Noeggerath exhibited at a meeting of the New York Obstetrical Society a specimen of epithelioma removed from the cervix uteri by galvano-cautery, and its resemblance of what I had observed in my own patient induced me to request a consultation with Dr. N.

This having been readily assented to, and my diagnosis concurred in, it was decided to remove the diseased part by galvano-cautery, and the operation was performed on the 4th of January, 1870.

This was accomplished by the platina loop, the shape of the tumor rendering this a work of no great difficulty, and the part excised embraced nearly the entire vaginal portion of the posterior lip.

A little glycerine and tannin was brushed over the cauterized surface, the bowels kept quiet by opiate suppositories for a few days, and in less than two weeks the patient, with no other local treatment save tepid vaginal baths, was up and about. On the 1st of February, 27 days after the operation, the healing process was found to be so nearly complete that nothing further seemed needed, and being entirely relieved of all pain she rapidly recovered strength.

A careful speculum examination, however, was made every few weeks for some time, with a view of detecting any reappearance of the disease, but nothing of the sort being noticed, these precautionary measures were abandoned after a few months. About a year ago this lady requested me to see her again, and stated that she had suffered so much from pelvic pains, referable particularly to the bladder and pelvic region, that she feared there might be some return of her former difficulty.

A careful examination failed to detect anything more than a slight abrasion on the posterior aspect of the os tinæ, and a certain degree of firmness of the part from which the disease had been removed. This, however was attributed to mere congestion of the part, and active topical applications quickly restored the parts to their natural condition.

Other measures calculated to relieve slight cystitis, which undoubtedly caused much of the pain and distress complained of, were prescribed, and the patient rapidly recovered. Six months ago (May 20, 1872), I was requested to see her, when she informed me that she began to feel a little anxious on account of some slight mucous discharge and more or less tenesmus. It was deemed best to examine into the state of the uterus; this was found to be in a condition precisely similar to that of twelve

* This latter fact is, in my opinion, of the utmost importance in all such cases, and presents strong presumptive evidence of malignancy.

months previously, and after two applications of iodo-glycerine to cervical canal, the improvement at last examination was so great that no further treatment was called for.

Menstruation has not appeared regularly, and this last attack was doubtless due to a scanty flow at a previous period. It should have been mentioned that the outgrowth when removed was submitted to a careful microscopical examination, and all the evidences of true epithelioma were present. It is now nearly three years since the operation.*

CASE IV.

The second case in the preceding class was one of extensive epithelioma, involving the whole of the left labium vaginae in an old lady aged 70. The entire part was removed by cauterly, and in less than one month from the date of operation the surface healed and seemed to be covered over by perfectly smooth and healthy material. She continued to enjoy good health, for one of her years, during the succeeding twelve months, when symptoms indicating cancerous disease of mesentery and other internal parts rapidly became developed, and from which she succumbed sixteen months after the operation. It is worthy of remark, however, that the surface from which the diseased mass had been excised remained perfectly healthy up to the time of her death, nor were any of the pelvic organs concerned in the final work of destruction.

CASE V.

The case having already been referred to (No. 5, Table I.), calls for but little further notice. This lady, whose age is thirty-one, a widow, consulted Dr. J. Marion Sims, in consequence of having been informed by her physician that she had cancer of the womb, which she did not believe, at the same time giving as a reason for her opinion the fact of her having had little or no pain or uncomfortable feeling in that region; and, moreover, that after full inquiry she felt satisfied there was no hereditary predisposition to such a disease. Menstruation had always been regular, and she had had no hemorrhage, but during the menstrual intervals she had of late noticed some watery discharge of an offensive odor.

Dr. Sims recognized a large cauliflower mass springing from the whole circumference of the cervix, and spreading out so as to occupy a great part of the vaginal cavity. He advised its removal, and requested me to operate by galvano-cauterly, which I did on the 18th of June, 1871. In this operation the neck of the tumor was embraced by the wire loop and its removal thus effected; but in addition to the mistake of leaving too much behind, as before stated, there was another error committed, which, on account of the clinical lesson it teaches, ought not to be overlooked. The

* A few weeks ago (Nov. 26) the uterus was carefully examined, but no evidence of the disease could be detected.

instrument shown in Fig. 2 was then new, and used on that occasion for the first time, so that I was not accustomed to this improved means of contracting the loop, and miscalculated as to the screw motion. The consequence was that the tissues were too rapidly severed, and though there was no loss of blood whatever at the time, an alarming secondary hemorrhage took place about thirty-six hours after the operation, requiring the use of tampon.

No. 4 is a case where I assisted Dr. James L. Brown in operating, and which has been reported elsewhere. This was a promising case, and its fatal termination had nothing whatever to do with the merits of the operation, death being caused mainly by imprudence on the part of the patient, and other circumstances beyond the control of her medical adviser.

The patient, in whose case parts of the right labium and perineum were removed on three occasions (Nos. 5, 11 and 12), is the wife of a physician in this city. The cautery was resorted to in this instance merely for the purpose of excising portions of a large suppurating and offensive mass, hoping thereby to contribute in some measure to her comfort, or rather to modify her suffering.*

The extent to which the rectum, vagina, and neighboring parts were involved, was such as to render the case an utterly hopeless one, and consequently nothing beyond palliative effects could be looked for from any operative proceedings.

CASE VI.

On the 11th of last February I was requested by Dr. J. Marion Sims to operate by galvano-cautery in the case of a lady whose history is as follows: Mrs. ———, aged fifty, of healthy ancestry on her father's side, but several members of her mother's family have died from pulmonary affections, and one, an aunt, from cancer of breast. Menstruation commenced at 14 and has always been regular up to February, 1871. Has had seven children, and a premature confinement in 1856, from which she recovered speedily. From February, 1871, until August, the catamenia were absent, but in the latter month she had a profuse metrorrhagia lasting for several days, and returning more copiously three weeks later.

On examination per vaginum, a tumor about the size of a hen's egg was found springing from the cervix and projecting into the vagina; canal of uterus of normal depth; body not hypertrophied. This tumor was removed by ecraseur on September 23, 1871, and presented under the microscope the characteristic appearance of epithelial cancer. The patient seemed to improve in some respects until about the first of January, 1872, when hemorrhage returned and large quantities of blood were lost throughout that whole month.

Dr. Sims saw her on the 10th of February, and discovered a

* Dr. Geo. M. Beard has also operated previously in this case by electrolysis, with but little effect.

large cauliflower tumor springing from the cervix and completely filling up the upper half of the vagina. The following day, February 11th, was appointed for its removal, and Dr. S. having accidentally sprained his ankle while stepping out of his carriage, requested me to see her and operate for him. The patient was found to be in a very exhausted condition from loss of blood, and emaciated to so remarkable a degree that grave doubts were entertained as to the propriety of operating or risking the administration of any anæsthetic.

In such a state of things, however, some interference seemed urgently demanded, and ether having been administered, the operation was proceeded with in the following manner :

The platina loop was with considerable difficulty made to embrace *the upper circumference of the cervix*, and when *moderately tightened* the battery was immersed; little or no contraction of the loop being effected for a few seconds, so that the superficial tissues of the part to be cut might be thoroughly cauterized. When the wire was supposed to have entered the tissues a quarter of an inch or thereabouts, firm and steady traction was made on the tumor by means of a vulsellum,* and its connections *very slowly* severed by a further tightening of the loop. By this manœuvre the surface from which the tumor had been removed presented a deeply concave appearance and there was no hemorrhage whatever. The uterine cavity measured about one inch from the bottom of the wound. No topical application was made.

As this patient resided some distance from the city, I had no opportunity of observing her subsequent progress; but one of the gentlemen who assisted at the operation† informed me some days after, when he called to see her, that her condition was very precarious. Towards the end of May, having occasion to visit her neighborhood, I called to see her, and found her going about and able to superintend her household affairs.

The following reply to a note of inquiry has been since received from her attending physician, Dr. Furgang, of East New York:

"Dear Doctor: In accordance with your request I have given Mrs. ——— a very careful examination. Her pelvic organs, or what is left of them, seem to be in a perfectly healthy condition. There is nothing to the touch or sight that would lead to the suspicion of a return of her disease. The part from which the tumor was taken is a little puckered, but soft and covered with healthy-looking mucous membrane, and there is no tenderness on pressure there or in any of the adjoining parts. Her appetite is excellent, she sleeps well, and is rapidly gaining in strength and flesh."

This case calls for no further comment.

* Traction by the cautery instrument should, in *all* such cases, be carefully avoided and the instrument kept steady and in the same position from the beginning to the end of the operation.

† Dr. Nichol.

CASE VII.

This was what appeared to me to be epithelial cancer of the clitoris, though my friend Dr. J. C. Nott, who was présent at the operation, thought it might possibly be non-malignant, and such as J. Y. Simpson has described under the term of "caruncle." The tumor was about the size of an English walnut, had all the characteristic appearances of vegetating epithelioma, and required but a few months for its development. It was removed by means of the cauterly-knife (Fig. 3), and the patient left the hospital well, but has not since been heard from.*

CASE VIII.

VEGETATING EPITHELIOMA INVOLVING THE WHOLE CERVIX.

For a full report of this interesting case, of which the following is a synopsis, I am indebted to Dr. C. H. Giberson:

Mrs. ———, aged 32, the mother of two children, and a widow for ten years; eldest child healthy, but the younger, now ten years old, has spinal curvature. She says a married sister died at 36, of "what was called cancer of the womb." Has had almost constant hemorrhage for the past thirteen months and seems to grow steadily worse, until now (April 15th, 1872), she is very anæmic and much depressed in spirits.

April 23d she was examined by me and the condition found to coincide with the above description. April 26th, the tumors and cervix were removed by cauterly, much in the same manner as that detailed in case No. 6, but with this addition, that after all that could be embraced within the loop had been taken away, suspicious spots on the vaginal duplicature were excised by means of the cauterly-knife. When the operation was completed the uterine cavity measured $1\frac{1}{2}$ inch.

May 10th. Wound presents a healthy granulating appearance.

June 1st, five weeks after operation, healing process going on rapidly; uterus measures two inches in depth, the increase being due to filling up of deep cavity made by cauterly.

June 20th. Dr. Byrne examined her and found a small granulating surface and looking well. Iodo-glycerine applied to surface. First menstruation since operation appeared June 8th and lasted moderately three days.

July 31st. Uterus $2\frac{1}{2}$ inches deep, os small, no leucorrhœa, vaginal and uterine surfaces smooth and soft, very slight point to right of os of granular appearance. General health good, but complains of shooting pains in lower abdomen.†

September 30th. Third menstruation, lasting three days, has passed over without trouble.

* Two operations were resorted to in this case, within the last month, tearing away, each time large masses of suppurating vegetations and thoroughly cauterizing the subjacent surface.

† The increased depth of the uterus, as noticed at this examination, is due to a filling up of the excavation by healthy granulation, and is not peculiar to this case.

October 12th. Considerable pain and slight occasional flow during the past ten days until yesterday, but vaginal examination shows no ulceration and no induration perceptible.

Since the above report (October 12th) the patient is doing well, but it is evident that her case is a less promising one than could be hoped for, and hence I have thought proper to present it as a darker side of the picture.

She has no cachectic appearance, however, but on the contrary looked to me so much stronger and healthier, when seeing her in the street two or three weeks ago, that I hardly recognized her. Nevertheless I look forward to her future history with much interest and some little misgivings.

CASE IX.

VEGETATING EPITHELIOMA INVOLVING THE WHOLE CERVIX.

Mrs. ———, aged 45, has had seven children and two miscarriages; the last living child seven years old. Menstruation has always been regular up to six months ago, when the flow became excessive and the interval less and less, until now (April 18th, 1872,) it is almost continual. On digital examination, the whole of the cervix uteri was found very much enlarged and greatly indurated, but soft and spongy on its presenting surface, tender to pressure, and bleeding on the slightest touch. The body of the organ was not enlarged and the vaginal walls intact.

When brought into view the os was observed to be surrounded by what appeared like luxuriant granulations, though the unstripped parts of the cervix were in color somewhat paler than normal. The case was diagnosed as one of epithelioma in the early sprouting stage, and she was admitted into St. Mary's Hospital for operation May 4th. The patient was anæsthetized and the entire cervix removed by the cautery, but the method pursued being so entirely similar to that of other cases already detailed, no further description is here called for. There was no blood lost during the operation, nor was there any secondary hemorrhage. Vaginal bathing with tepid water and carbolic acid was commenced on the third day after operation and continued for two weeks; sixteen days after the operation a speculum examination was made, and the surface from which the disease had been excised was almost entirely covered with healthy membrane, and the patient, feeling well and anxious to see her family, was permitted to leave the institution. She has not since been heard from.

CASE No. X., being very similar to the above, offers no points of special interest to warrant a full report on the present occasion, and sufficient time has not yet elapsed to say anything of results, further than that they are not less promising than in any of the preceding cases.

CASE No. XI. is that of the patient whose condition has been noticed (No. 4), and this second operation, like the former, was re-

orted to merely for the purpose of taking away such parts of the suppurating excrescences as could be safely spared.

With regard to the eleven cases of carcinoma in which, like the above, operative measures were resorted to for the purpose of affording temporary relief merely, the limits of this paper will not permit of their being referred to at any length. In seven of this latter class the disease had attacked both vagina and uterus to such a degree as to almost obliterate the one and utterly degenerate the other; yet in no single instance did the removal and destruction of such diseased tissues as could be safely reached fail relieve in a very remarkable degree, and add to the comfort of these afflicted sufferers.

This single statement, it seems to me, supported as it is by actual observation, ought to satisfy those who question the utility of any operation in such hopeless conditions. It is certainly no principle of conservative surgery to ignore palliative measures, even where disease is admittedly incurable; and yet, among the numerous victims of this terrible destroyer, how many a valuable life that might have been safely prolonged and robbed of much of its wretchedness has been allowed to ebb away in loathsome torment!

It is true, until very recently, non-interference in uterine cancers has been justifiable and eminently proper, owing to a want of the means whereby such ailments could be safely ameliorated, but I am fully convinced by past experience that this want no longer exists. However transitory, therefore, the relief may often be, I doubt the wisdom of those who in the face of facts would still persist in thinking that their whole duty had been performed by quoting a hackneyed axiom in the pathology of these diseases, which says: "When the patient's constitution has really become infected, these diseases, if extirpated, invariably return and conduct the person who is affected by them to inevitable destruction."*

It should not be forgotten, however, that in very many instances the prolongation of life but for one month may be of the highest consequence to a family about to be deprived of a mother's influence and watchful care, even though that mother be a helpless invalid.

Furthermore, in order to determine as to the propriety of operations for the relief of such patients, there are, or ought to be, but two questions worthy of consideration, namely: Have we the means whereby such a course may be undertaken without risk to life, or in any way adding to existing evils? And secondly: Have we good grounds, *i. e.*, clinical data, for hoping to ameliorate the sufferer's condition thereby? Appropos of these considerations I submit the following case:

CASE XII.

CARCINOMA OF UTERUS AND VAGINA. OPERATION PALLIATIVE.

Mrs. ———, widow, aged 30, has two children, and always en-

* *Müller on Cancer, etc.* London. 1840, page 28.

joyed perfect health until some time in the month of January last. About this time menstruation, previously regular, appeared in great excess and lasted over eight days. This was followed by a copious watery discharge for two weeks, when metrorrhagia again appeared and hemorrhage on the latter occasion continued for ten days. A watery and whitish discharge as in the previous interval continued up to the first week in March, when, after a hard day's work as chambermaid in a hotel, she was seized with violent expulsive pains and almost fatal hemorrhage. She cannot remember how long the flooding lasted then, but on its ceasing she applied for admission and was received into one of the New York hospitals, where she remained for a few weeks without having had anything done for her. On Friday, the 10th of May, she applied at the College of Physicians and Surgeons in 23d street, and was examined by Professor Thomas, who at once discovered extensive carcinoma of the uterus, involving the vaginal walls anteriorly and posteriorly, and accordingly pronounced her case as utterly hopeless, which it certainly was. Under these circumstances she applied for admission to St. Mary's Hospital, May 13th, 1872, with a letter from Dr. Charles S. Ward, who stated that he recommended the patient to see me, in hopes that I might be able to do something towards relieving her temporarily by galvano-cautery.

When admitted, she said she had not ceased flowing for several days past, and her wretched and bloodless countenance bore fearful testimony to the truth of this statement, for she was unable to move one step without support, and it was found necessary to administer stimulants freely before she could be safely removed to bed.

By digital examination I found the condition precisely as Dr. Ward had stated, and as the loss of blood was frightful, nothing could then be done beyond tamponing the vagina. This succeeded in arresting the hemorrhage; but on its being removed the following day it was evident that something of the kind would again be necessary, and a fresh tampon was applied. This latter was allowed to remain in 48 hours, and its removal not being followed by any return of hemorrhage, I decided to try what could be done by the cautery at the earliest possible moment.

The operation which took place on Saturday, May 18th, may be described as follows: The upper half of the vagina being packed with a large encephaloid-looking mass adherent on all sides, it was found impossible to loop more than a portion of it, so that after removing all that could be taken in this way a much larger proportion yet remained. The soft brain-like character of the outgrowth preventing the heated wire from acting as a hæmostatic, considerable blood was lost, and it was therefore determined to complete the operation as quickly as possible. This was done by grasping the more projecting parts of the mass by a strong polypus forceps and forcibly tearing them away piece by piece, until the greater part of the spongy excrescence was twisted off from the

uterine cavity as well as the vagina. The cautery-knife was employed to trim off and scoop out whatever remained, and the dome-shaped cauterizer thoroughly applied to the whole subjacent surface. It was now found that the hemorrhage had entirely ceased, but as a security the uterine cavity and vagina were carefully tamponed and the patient put to bed.

Her daily record for the succeeding two weeks contains nothing of sufficient importance to warrant minute details. The tampon was removed 48 hours after the operation, and no hemorrhage whatever appearing, the vagina was ordered to be washed out twice daily with a mixture of carbolic acid, glycerine and water.

No peritoneal or other inflammatory trouble followed this operation, and very many of her former pains and distressing symptoms were entirely relieved. Her appetite and sleep returned, and in three weeks she was strong enough to sit up and walk through the ward.

The purulent discharge following the use of the cautery continued for 15 days, after which appeared a slight, serous-looking, but yet entirely inodorous drain.

June 15th, the parts operated upon were carefully examined and found to be smooth, but uneven and somewhat hard to the touch, but as far as the eye could reach, seemed to be covered with some kind of membrane, and manipulation provoked no hemorrhage. A steady improvement has been observed in her appearance from day to day, and now feeling comparatively strong and being anxious to visit her friends, she was permitted to leave the hospital. I regret to add that I have not been able to trace her whereabouts since.

Cases, of which the preceding one may be considered a type, might also be related, had I not already far exceeded the proposed limits of my remarks. I deem it proper to state, however, that in three out of the ten cases of pelvic encephaloid cancer operated upon, the disease, though limited, included the whole uterus, and these were by far the most unsatisfactory of this class. In one case, a patient of Dr. Sims, I operated twice, and though in the second effort, he, Dr. S., scooped out large quantities of the diseased mass from the uterine cavity by means of his curette, preparatory to the application of the cautery, and despite a very complete charring of all the denuded surfaces within reach, the bleeding excrescences were rapidly reproduced. This lady, who resides in another State, though not improved by what had been done, was certainly made no worse, and in accordance with advice returned to her home.

Altogether, from what I have observed in these three cases, I believe but little if any advantage can arise from the use of the electric cautery in carcinoma of the body of the uterus, when this organ has been the starting point of the malady, and when the cervix has already been destroyed by the disease in its upward march.

The next case to which I shall refer is one of interstitial fibroid

or perhaps what might more properly be designated diffuse fibrous hyperplasia of the right half of the uterus.—*Medical Record*.

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Editorial.

Erie County Medical Society.

This Society held its Annual Meeting January 14th, the President, Dr. WILLIAM RING, presiding. Minutes of the last meeting were read by the Secretary, Dr. DAVID CHACE.

The following Physicians were admitted members upon compliance with the By-Laws: R. F. Erdmann, of Buffalo; Horace Grant Hopkins, and D. C. Hunter, of Clarence.

Report of Treasurer was read and approved. Librarian's Report was also read and approved. The Librarian recommended distribution to intelligent citizens, of the extra copies of Transactions of 1870.

Report of committee on admission of Dr. Harris as member of the Society, was read and approved. The following is the report of the Committee, and as it includes legal opinion, we publish the report as presented.

BUFFALO, January 14th, 1873.

To the Erie County Medical Society:

At the last semi-annual meeting of the Society, the undersigned were appointed a Committee to secure competent legal advice and report upon the application for membership of Dr. J. Q. Harris, of this city.

In compliance with the directions contained in the resolution under which they were appointed. Your Committee have given the subject careful consideration and respectfully present the following conclusions.

1st. That the Diploma of Dr. Harris is regular and valid, and under the act to incorporate Medical Societies for the purpose of regulating the practice of Physic and Surgery in this State, is sufficient to empower the said Harris to practice Physic or Surgery or both as set forth in his Diploma in any part of the State.

2d. That in the absence of any known declaration on the part of Dr. Harris in violation of spirit or letter of the By-Laws of the Society, the said Harris is entitled to the rights and privileges of membership in this Society.

In these conclusions, the Committee are supported by the legal opinion herewith presented of Messrs. Bowen, Rogers & Locke, Attorneys of this city.

All of which is respectfully submitted,

THOS. LOTHROP, }
E. R. BARNES, } Committee.
C. C. WYCKOFF, }

OFFICE OF BOWEN, ROGERS & LOCKE, }
COUNSELLERS AT LAW.
BUFFALO, JANUARY 13, 1873. }

DRS. LOTHROP, BARNES & WYCKOFF:

GENTLEMEN:—You ask us to answer the following question:

1st: Does the presentation of a Certificate of Membership in the Medical Society of another county of this State, entitle the holder to admission to the Erie County Medical Society.

ad. Is the Society justified in refusing a request of admission when the applicant has been guilty of practices prohibited by the By-Laws.

By the Act of the Legislature under which Medical Societies are incorporated they are severally allowed to make such By-Laws and Regulations relative to the admission and expulsion of members as they may deem proper, provided such regulations be not inconsistent with law or the rules and regulations of the State Society.

The action of each Society as to applicants for membership is based upon its own By-Laws alone, and its rights cannot be abridged by the action of any other Society.

We understand that the rules and regulations of the State Society are silent upon this question, and that the By-Laws of the Erie County Society have not been modified since 1862, so far as membership is concerned.

If we are right in these premises we are very clear that the holder of a certificate of membership in another Society, cannot for that reason demand an admission to the Society you represent.

His diploma and certificate are simply presumptive evidence of his fitness, and like all other evidence may be insufficient to make proof.

Second.—It is the settled law of this State, that the By-Laws of a Medical Society are inoperative except as to members.

Every Physician or Surgeon may demand a share in the enjoyment of the franchise of your Society, under the By-Laws as adopted.

He must be a resident of the County, of temperate habits, good moral character, and legally authorized to practice Physic or Surgery in this State. If he possess these qualifications he is presumptively entitled to membership.

You can only avoid this presumption and its results by showing *subsisting* causes clearly demanding immediate expulsion.

For instance the Court acting in the discretion allowed it would refuse a *mandamus* to an applicant who admitted his practice to be inconsistent with your By-Laws, and who declared his intention to so act as to violate them in the future.

This would be *subsisting* cause for present expulsion, but this is the extent of the limitation.

You cannot condemn a man from his record, if at the time of his application he be otherwise eligible.

Yours, Very Respectfully,

BOWEN, ROGERS & LOCKE,

Dr. Storck presented resolutions recommending action of the Society to obtain a Law to protect the public from those who assume the name and functions of Physicians, but have no credentials, are not members of any recognized Medical Society or graduates of any Medical School, who are not physicians in any sense.

The resolutions were passed, and the following committee chosen to act upon its suggestions: J. F. Miner, E. Storck, Jabez Allen, James P. White, C. C. Wyckoff.

Dr. Harrington was appointed orator. Dr. Lapp, substitute.

Dr. Gould presented a bone ejected from a patient after having remained in the bronchial tube nineteen months. Patient suffered greatly, and was not expected to recover, was soon well. Dr. Miner spoke of similar case operated upon at General Hospital, bone removed and followed by recovery. Drs. Ring and Bartlett also related cases resembling the one reported by Dr. Gould.

AFTERNOON SESSION.

Upon the re-assembling of the Society, the minutes of the forenoon session were read and approved, and after some discussion upon professional matters, the annual election took place, resulting in the choice of the following gentlemen:

President—Jabez Allen.
Vice-President—Thomas Lothrop.
Secretary—David E. Chace.
Treasurer—Wm. C. Phelps.
Librarian—J. B. Samo.
Primary Board—Drs. Hopkins, Folwell and Willoughby.
Censors—Drs. Barnes, Storck, Briggs, Wyckoff, Sloan.
Delegate to State Medical Society—(To fill vacancy caused by the death of D. Parker), Wm Gould.

On motion the meeting then adjourned,

MEETING OF THE NEW YORK STATE MEDICAL SOCIETY.—The New York State Medical Society, holds its annual meeting in Albany, the first Tuesday in February, 1873. This meeting promises to be one of considerable interest, and members and delegates from County Medical Societies should not fail to be present.

VACCINE VIRUS.—There has been considerable trouble experienced for some time past to obtain pure and reliable vaccine virus, and physicians will be pleased to learn that Mr. WM. H. PRABODY has made arrangements whereby he will have constantly on hand a stock of pure and reliable virus.

THE MAGAZINES. *The Atlantic Monthly* commences the year with a number filled with interesting and instructive articles. Jas. Parton contributes a valuable paper on Washington and his Cabinet, and O. W. Holmes, has a poem entitled "After the Fire."

The February number contains papers from the pens of J. V. Blake, Robt. Dale Owen, Jas. Parton, and others. John G. Whittier contributes a poem entitled "A Mystery," which is full of pleasant and instructive thoughts.

To-Day is the title of a Magazine edited by Dio Lewis, and published by Maclean Stoddart & Co. The Magazine is published weekly and is finely illustrated. The Christmas number is exceedingly interesting, and is filled with the usual variety of matter found in periodical publications. The contents are of a varied nature, some amusing and witty, others grave and instructive and all combined, furnish a weekly magazine which can not help being appreciated by all into whose hands it may come.

Books Reviewed.

The Microscope and Microscopical Technology. A Text Book for Physicians and Students. By HEINRICH FREY. Translated from the German and Edited by GEO. R. CUTTER, M. D., New York: William Wood & Co., 1872. Buffalo: H. H. Otis.

The study of disease by the aid of the microscope has come to be one of the established methods employed at the present time, and it is an evidence of pro-

gress that physicians are using this method of investigating diseased action. By the student and practitioner commencing the study of microscopy there has been felt a want of a suitable text book to assist and guide them in their studies. Many of the works that have been issued have either been too narrow in scope or have treated of the subject in terms which to those commencing the study of the science, could not be understood.

The work of Dr. Frey, in the original German, has passed through four editions and those who were able to read the language it was highly prized for its simplicity and thoroughness. The wish for an English edition of the work has been often expressed by those who knew of its value but were unable to peruse its contents.

The work as now issued in English is divided into twenty-two sections, treating of the microscope and its use, the preparation of objects, the mounting and arranging of microscopic objects, etc., etc.

Each subject receives full and ample treatment, and is written in language easily understood and appreciated by the beginner.

The directions for the use of the microscope are ample and should enable all after a little practice to become expert in its manipulation. The directions for investigating the various tissues and parts of the body in a normal and pathological state are clearly given and are sufficiently comprehensive in their scope to be of use to both the amateur and the expert microscopist. No words of ours will however convey to our readers an idea of the work so well as an attentive perusal by themselves, and we advise all commencing the study of microscopy to purchase Frey on the Microscope.

The Pathology Diagnosis and Treatment of Diseases of Women, including Diagnosis of Pregnancy. By GRAILEY HEWITT, M. D., London, F. R. C. P. Second American Edition, from the third London. Revised and enlarged, with one hundred and thirty-two illustrations. Lindsay & Blakiston, Philadelphia: 1872.

This work is already in the hands of the profession, and but little need be said of it. As a treatise upon uterine pathology, it certainly holds first rank, and is fully up to the present views of gynecologists, and mostly in perfect harmony with other authors.

The *mechanical treatment* advocated by the author, is not so generally accepted by the profession. Upon this subject the work is pre-eminently the champion of mechanics. The Ring Pessary and Uterine Sound are chief reliances in cases of flexion and version, and almost all conditions of Uterine disease are met by mechanical aids.

For those who desire full instruction and careful illustration in the department nothing can equal the work before us; the philosophy of mechanics, and the modes of application are fully presented.

Ring pessaries and indeed all pessaries are held by many practitioners at a very

great discount from former estimates, stem pessaries at a still lower rate of approval. In a great many cases it seems much better to let the uterus tip or flex or even prolapse, than to resort to too many "traps" for correction, but it may be that a few cases will be benefitted by mechanical support. Aside from the authors views in this respect no fault can be found with his book, indeed this cannot be called a fault since it presents his side thoroughly and fully, but the pessary question has two sides. The other side is not in accordance with the views of the author.

A System of Oral Surgery. Being a consideration of the Diseases and Surgery of the Mouth; Jaws, and associate parts. By JAMES GARRETSON, M. D., D. D. S. Philadelphia: J. B. Lippincott & Co., 1873. Buffalo: H. H. Otis.

The work before us comprises over one thousand pages, and treats of the diseases of the mouth and jaws in all their variety. Most of the topics are illustrated by cases drawn from the experience of the writer and others. The cases are all well written, and ample directions given for treatment of the various forms of disease which affect these parts.

The work is exhaustive in scope, and for the dentist or surgical practitioner contains much of value.

Books and Pamphlets Received.

Wöhler's Outlines of Organic Chemistry. By Rudolph Fittig, Ph. D., Nat. Sc. D., etc. Translated from the Eighth German Edition, by Ira Remsen, M. D., Ph. D. Philadelphia: Henry C. Lea, 1873. Buffalo: T. Butler & Son,

Surgical Diseases of Infants and Children. By M. P. Guersant. Translated from the French by Richard J. Dunglison, M. D. Philadelphia: Henry G. Lea, 1873. Buffalo: T. Butler & Son.

Obstetric Aphorisms for the use of Students commencing Midwifery practice. By Joseph G. Swayne, M. D. Second American from the Fifth revised English Edition, with additions, by Edward R. Hutchins, M. D. Philadelphia: Henry C. Lea, 1873. Buffalo: T. Butler & Son.

A Handbook of Therapeutics. By Sidney Ringer, M. D. Third Edition. New York: Wm. Wood & Co., 1873. Buffalo: H. H. Otis.

Contributions to Mental Pathology. By J. Ray, M. D. Boston: Little Brown & Co., 1873. Buffalo: Jas. M. Lent.

Seventeenth Annual Report of The Trustees of the State Lunatic Hospital at Northampton. October, 1872.

Peculiarities in the Operations of the three great Ovariectomists—Wells, of London; Atlee, of Philadelphia; and Thomas Keith, of Edinburgh. By S. Fitch, M. D., Edinburgh. Philadelphia: J. B. Lippincott & Co., 1872.

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Original Communications.

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ART. I.—*Are the Public competent to judge what system of medicine is most desirable, or what practice they should adopt?* By T. D. WASHBURN, M. D., Hillsboro, Ill.

These are questions urged home upon every adult, single or married, as the necessity for a choice arises. Most persons reaching the age of maturity have their minds pretty well made up before the emergency of sickness or accident arrives.

How is this judgment formed? What element or force decides? Is it the *ability* of those representing the system? Is it fashion? Or is it a conclusion only reached after weighing well the *merits* of the system? All these occasionally and more than these. The same considerations rule in this matter as in selecting a place of worship, or a lawyer; we are governed by our friends, our *social* surroundings, our parents, or early associations; we make the selection more frequently without weighing any evidence, without reflecting on the result of a false step or a wrong selection.

We are influenced by the *man*, his personal presence, his social qualities, his culture, his politics, his religion, even, or *want* of it; and once chosen, or accustomed to a certain "ism" or "pathy," we are likely to remain. In the popular language of the day, "we go it blind," and though we fall into the ditch, we still cling to the same leader. It's astonishing how some worship age. They have a perfect abhorrence of anything *new*. They believe in their great-

grand-father's politics, his knee-buckles, his wooden mould-board plow, and his old-fashioned doctor, with his roots, herbs, lancet and calomel. They are like old national patriots, "our country, right or wrong," our father's doctor, "right or wrong." They belong to that class known mostly in the rural districts of Tennessee that are still voting for Jackson, and haven't made up their minds that the negro is *free*. They reject facts that do not have the smell of age on them. Their meat must be *salt* or *tainted*.

But it is time for us to inquire what influences are at work to lead the masses away from regular medicine? Chiefly *two*. The zealous advocates of *false* systems, or dogmas, stationary and itinerant, and the nostrum or patent medicine system. The former exerts a *personal* influence and pushes itself into prominence and notoriety by cheek, pluck and assumption, and various means, honest and dishonest; the other through the press, poster, circular, almanac, deceives most basely by imposing testimonials, *made up affidavits* and most willful lying. The innocent are deceived, the public gulled and swindled, and the most absurd notions and views made current. Look at Prof. Leonidas Hamilton using a *whole* page of the largest and most popular religious weekly to advertise his wonderful self and wonderful wares, mixing his hypocritical piety with his medical shams and delusions. Then look at the paper, which has more readers than any two, and shapes and generates the opinions of half the thinking men in the United States, the New York *Tribune*; and behold the *same* thing, a whole page devoted to Leonidas Hamilton, with paid puffs, and paid testimonials, and we need not be surprised that a goodly number are led astray.

True, the innate superstition of mankind, the love of the marvelous, and the willingness to be deceived, manifest in all generations since the first quack doctor, the Devil, made his appearance, undoubtedly makes it easier for many to accept *error* as truth, the false for the real, and confuses and bewilders the honest mind. Then, the multiplied forms, the universality of nostrums, the very air we breathe seems pregnant with them. No newspaper, periodical or journal is exempt. They come as wrappers; they are left to try, to sell; they walk, they ride, they almost fly; they are drop—

ped in the wagon and buggy when you come to town. They are painted on fences, thrown from balloons, travel on steamboats and cars. Strange if all these should not exert some influence.

But, gentlemen, those that are *for* us are more than those against us. I speak of our own country. Ignorance is beginning to yield to knowledge, even in medicine. Truth, with a *fair* contest with error, will always be successful. The false must succumb. The common school is a foe to quackery, and though the press may give currency and advertise their nostrums and dirty items, with the tinsel of false medical doctrine (for which they are well paid), still it carries a partial antidote. Its columns are open to discussion, and its very freedom and variety of topics stimulate thought, and this is an enemy to shams.

Science, in all aspects, is arousing from its slumbers, and vigorously and loudly asking the reason *why*, and quackery and dogmas can't answer.

Our own journals are alive and awake to this matter, and an experience of near half a century has not been without its results. The animus, habits and status of irregular medicine has become pretty well known. Its base assumptions, unscrupulous means, false position and transparent weakness are every day more apparent. All candid issues have been fairly met. The good they have accomplished has been placed to their credit.

We have frankly canvassed the abuse of calomel and the lancet, and their use has been modified. We have been as diligent as they in exploring the botanic world, and analyzing and detecting its various virtues, and brought far more science and clinical experience to demonstrate its worth or worthlessness.

I challenge them to show a single scientific fact, which they claim, that we do not accept; a single remedy of any virtue we do not acknowledge, or any other practical good known to the medical world, which we do not endorse, appreciate and use.

Likely they will assert that the eclecticism of the present is not the Thompsonianism of yesterday; yes, but it is the *boy* grown to *manhood*. The acorn to an oak. It is a *false* system, and mainly *inimical* to *regular* practice, as it was in its childhood. It has no *creed* of its own, no *principles*, or base upon which it stands. It is

Thompsonian, physio-pathy, eclectic, chemico-rootico, botanico, homo-destructo, or otherwise, to suit the latitude and bias of its friends. Why! in our own county you can see one of its most distinguished lights, with the crude root in one hand and a vial of sugar pellets in the other, ready to serve his patrons with *either* a bountiful, nauseous dose of mandrake and pocoon, of the knock-down and drag-out genus, or some inert, tasteless, worthless stuff. Two pellets in a tumbler of water—take seven drops every twelve hours. Ask one of them wherein they differ from the regular practice, and the sum total of their reply is: “We don’t give calomel.” Even the *class-books* recommended by these schools are the identical ones we use, mostly. They have *nothing* but what they have taken from us. No sect ever gave such *insuperable* evidence of *paucity* of ideas and general stealing as the Eclectics; yet there is no end to their lofty vaunting and bold assumptions.

So too Homœopathy, another irregular gentleman, deserves a passing notice. Its *trade-mark*, “infinitesimals,” is lost. Some are manly enough to admit they rarely use the *higher* dilutions, and now and then give allopathic doses. And, while we must concede, they are more learned than other *irregulars*, and they assume a kind of platform or declaration of principles, still it presents no candid claim to science, and they adhere no more closely to its founder, Hahnemann, than the Eclectics do to Thompson. It is a system of “nihilism,”—*do nothing*—*nature, hygiene and diet*. But grant their remedies have some virtue, the simplest tyro knows that prescribing for *symptoms* is not necessarily prescribing for disease, but this is one of the *principal* factors with them. Its history for a quarter of a century has been a curious one, changing like a kaleidoscope both its doctrine and its practice, driven from one position to another, and ready to die in the last ditch; tested by the most eminent physicians in hospital and private practice, at home and abroad, but invariably wanting and unable to establish its claims. Not a school, college or university, and but few practitioners in the home of its nativity; it has come over to the universal Yankee nation to make its last stand, play its pranks, with other mountebanks and charlatans, and meet eventually its final overthrow.

I should deem myself culpable to speak disrespectfully of Homœopathy, did they adhere strictly to their principles. But when professing to know a *better* way, they boldly give regular medicine in regular doses, to keep the patient from slipping out of their hands, or to relieve his pains, they are more blameworthy than their less enlightened neighbors, the Eclectics, who hold to their patient and their practice to the bitter end. To pretend to cure with "little pills" when resorting to two-grain quinine pills and plenty of them, looks very much like a *swindle*, to use no harsher epithet.

But, with all our censure for pretense and false systems, medical dogmas and quackery in many of its popular forms, we admit that it has had a good effect on regular medicine. Thompson, by his antagonism, gave it a healthy stimulus. He drew attention to some of its abuses, the effect of which was to remedy the same. But in doing this, he inflicted a far greater evil on society. An ignoramus himself, he was poorly qualified to give law and being to a new system. But the *hotch-potch* came, and the lazy Yankee took to it, as a duck takes to water. A man who had mastered the spelling book was ready to acquire and practice the system. Men rushed from the workshop and the farm to rise suddenly to eminence as a doctor. The sewing machine and insurance business had not yet put in an appearance.

His system of cheap medicine, false in theory and in practice, only required six weeks to master in all its details, while anatomy alone cannot be learned in twice that time. But my Eclectic friend replies: "We have outgrown Thompsonianism. We do not confine our practice to the use of red pepper, lobelia, and steaming." I admit they have done a good deal with indigenous botany, and added several items to the materia medica, and aroused an interest among ourselves which might have lain dormant some time. But they have been and still are the hot-bed of charlatanism and quackery in its worst forms.

They have placed a premium on ignorance that years cannot eradicate. They foster superstition, and thus put up barriers to improvement. Their low standard of requirement invites every dunce in the country to come into fellowship, and thus the masses

lose confidence in all systems. Of late years, an M. D. from one of their institutions has seemed to possess considerable attraction to them. It has only proven the extreme rottenness of the whole concern. Philadelphia, anxious to monopolize this business, for a few dollars granted these diplomas by letter; one did not even have to put in an appearance. The State saw its mistake and annulled their charter. But Ohio has a factory not much behind: at present a few weeks residence are necessary to secure the coveted prize; but no one can tell how soon their degrees will be a drug in the market and sell for less than a bankrupt stock. Yet these same doctors, eclectics of the nineteenth century, arrogate to themselves the proud position of *leaders*, progressive men, in advance of all others, genuine, pure and unadulterated, while the regulars are "old fogies," behind the age,—so prejudiced they will not receive *eclectic* light; "calumny doctors," *forty* years behind the times. Such stuff they daily thrust on the people, and many are their dupes. But what are the *facts*? In what respect are they first, or in *advance*, or pure, or genuine and progressive? After fifty years of noisy declamation among a *gullible* people, how is it? What do statistics say?—*four* eclectic medical schools in the United States against *sixty-two* regular, and *six* homœopathic, with a still greater disparity of journals.

Does this look like outstripping the "old school?" Are these symptoms of progress and radical improvement? No, gentlemen, the assertion is not true. They are fully conscious they are far enough in the rear. But they think by keeping up a din of noise and loud hurrahs, they will prevent their patrons from discovering their weakness. Let them howl; we need not be alarmed. Let them keep up appearances; have a few colleges, a few journals, and half a dozen fairly qualified professors, a few sore heads that have left the regular profession, yet they know that no system but the *regular* is worth a straw, or has any chance of success. The whole history of medicine proves this, all statistics corroborate it. The rapid growth of knowledge, the new fields of science. Free and fair discussion on the rostrum and through the press forbid any other opinion. The *broad* platform on which regular medicine is built, its catholic spirit and toleration of wide views and practice give no

occasion for any other system. The very fact that all others are not what their friends represent them, but false in theory, unsound and absurd in practice, and uncalled for by the public, give us the strongest assurance they will go to the wall. The elements of dissolution are in them. All genuine reforms must be founded on some grand *principle* as a rallying point, some genuine *good* to be obtained, or some well defined *evil* to be removed; but this has neither. Its extinction is only a matter of time.

To return then to our starting point. Are the public competent to judge in regard to the system and practice they need? or as likely to judge correctly as in most other matters? I am inclined to concede they are. When we see how strangely they err in other matters, how often they are duped, how the most wary are caught, and how few are able to divest themselves of cant, bigotry and superstition in some form, it is not a matter of surprise that some who make large pretensions to culture and refinement are found blindly worshipping the most ridiculous and absurd *theories* of medicine, as well as patronizing the most consummate quacks.

They have *one* excuse. The public and the general culture of the world are taught *less* of medicine and disease than any other one thing in the vast range of knowledge which concerns them so directly. They know less of the laws of their own mental and physical constitution than they do of their neighbor's domestic relations or the last problem in social science. They know better how to raise, care for, and preserve the brute creation than their own kind; but these days are fast passing away; a better era approaches. The State (at least Illinois) has discovered the mistake and is attempting to repair it as wisely as possible by requiring Physiology to be placed among the elementary branches of the *free* school, and ere long every child will know something of the laws of *life*. So much for healthy legislation. The next step will be to *label* patent medicines with their real ingredients, and thus *rob* them of their charm; the next, to require every practitioner to give some evidence of his acquaintance with the human system and his qualifications to practice medicine. Gentlemen, in *some* form these things will come, and at no distant day. They will help to eradicate error; they will encourage truth, lessen humbugs, and prepare the masses to find the right way more easily.

We may blame ourselves for a large share of our own misfortunes; causes exist which make our enemies prosper; our "*esprit de corps*," is not what it should be; we have neglected to listen to just criticism; our ethics have been misunderstood; we have been silent without cause when our *good* was evil spoken of; our competitors have taken advantage of every mistake; they study individuals more, books less. In their general practice they rely more on protracted calls, genial stories, and ostentatious nursing; but above all, they talk loud and learned; they always have a *name* for every indisposition; they make frequent allusions to themselves and their wonderful cures. Their cases are usually very *severe*, unless another school is called in, then they are *mild*. They make a conspicuous *show* of business; they are partial to editors, and either furnish locals or have their friends to do it often. They *know* everybody; do business cheaply are not inclined to adopt fee-bills; are all things to all men; rather in advance of the apostle.

Many good qualities they have which often compensate in the public eye for great deficiencies. Here and there gross ignorance crops out, and the greatest blunders are made, but the regular has learned to keep his mouth closed, or the cry of persecution will be raised. But I am entering too much into detail; I only designed to draw the lights and shadows as they are often presented in *living* colors. Some things may be worthy of adoption. Many of this class of practitioners are as honest in their views, as conscientious in their practice, as any *regular*. They are the creatures of circumstances; they were born with such surroundings, and are nowise blameworthy. But that a vast difference exists between the two systems and classes of practitioners, both theoretical and practical, no one will deny.

Perhaps some one may ask, how shall we separate, judge and distinguish the chaff from the wheat, the true from the false, the worthy from the unworthy? It is a legitimate question, and I will briefly attempt to reply and bring my incoherence to a close. A few words first in regard to the "*regular*." Possibly I may have left the impression that if one selects a "*regular*" to attend, professionally, is safe, and may dismiss all anxiety about the result. No! I do not say that; so far as the *system* of med-

cine is concerned, the regular is the only *reliable* and *safe* one ; but unfortunately in *practice* there is no monopoly of brains in any profession, sect or people. The *system* is founded on the most advanced science in all of its departments, and the best authenticated facts demonstrated by the largest experience ; but the system does not furnish those who embrace it with brains to comprehend it, and like *other* systems is often grossly misrepresented by its ignorant or weak disciples.

True, its standard of qualification is far higher than the others ; but the lame and weak are found in every fold, and with all the safe-guards, and barriers to imposition, more or less enter entirely unqualified, and ere long disgrace themselves and their profession.

The good Book lays down the *true* standard : “ By their fruits ye shall know them.” “ Do men gather grapes of thorns, or figs of thistles ? ” Yes, gentlemen, the public will judge us and them *mostly* as they judge other men. They may be deceived for a time by noise, bluster and pretence, but the time is close at hand when the mask of hypocrisy shall be torn off. Cliques, sects and leagues though leagued with evil shall not triumph much longer. The American people and the nations of the earth begin to realize that what “ has been *covered* shall be *revealed*,” what “ has been hid shall be made known.” In government, religion, and medicine, the crooked shall be made straight, and the rough ways smooth. The spirit of enquiry and investigation is abroad in the land. The time is not far off when the citizen will exercise as much judgment in choosing his doctor as he does his shoemaker, tailor or blacksmith ; we ask no more. They would do it now, but they have not the information in regard to the system and the nature of disease, besides it is only at unequal intervals they are called upon to make choice ; whereas these other things pertaining to our comfort and happiness are of *daily* occurrence. But let us see to it that we are worthy and well qualified ; let not the greed of *avarice* be the ruling passion. As business accumulates let us not neglect authorities, the council of the master-minds and great workers of the profession. We must bring the most untiring devotion to the task. To succeed, we must *love* our profession ; we

must study disease at the bedside, on horseback, and from the books. If one course of treatment fails, change the programme; avoid hobbies and pets. Let us investigate the local endemic and individual causes operating to generate diseased conditions; the laws of hygiene, diet, temperature and septic influences should not be ignored and overlooked; we should point out the antidote as well as the cure of disease; we must not enter every professional opinion on our day-book as a prescription, nor devote more thought and anxiety to the *fee-bill* than to the *care* of our patient. In a word, we must aim to keep ourselves abreast of the best teaching and practice of our art; liberal in our views, catholic in spirit, sympathetic, pure, generous, and humane; let us bless the world by our devotion to our profession, and receive that compensation above the paltry sum of dollars and cents, an approving conscience, without which the world, position, influence and affluence are the merest chaff.

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ART. II.—*Medical Society of the County of Albany. Semi-Monthly Meeting. January 22, 1873.*

Reported by F. C. CURTIS, M. D., Secretary.

Dr. ALBERT VAN DERVEER, President, in the Chair.

Appropriate resolutions were offered by the committee appointed at a previous meeting in relation to the death of Dr. J. F. Crounse.

The names of the following gentlemen were proposed for membership: Drs. John U. Haynes, James S. Hill, D. L. Dayton and E. A. Green. They were referred to the Board of Censors.

Dr. WILLIAM HAILES spoke on the subject of *The Anatomy of Necrosis and the process of repair*, illustrating the subject by means of the Stereopticon.*

The general plan of his remarks was first to treat of Necrosis or death as it occurs in connective tissue, and to compare the processes which nature adopts in dealing with the same affection in

* It may be remarked that this method of illustrating various subjects, more particularly the minute structure of pathological and normal tissues, has been made good use of in the Medical College, by Professor Van Derveer especially. Nothing could be more perfectly adapted than this to the purpose of teaching microscopical appearances to a large class, the field being thrown upon a screen, greatly enlarged, and visible to all at once. It is novel in this use I believe, and deserves to be more widely employed. F. C. C.

the more compact and unyielding tissues, as the osseous and tendinous.

The subject he illustrated by a series of diagrams of the microscopical appearances of normal and inflamed bone, and a large number of photographic slides made directly from pathological specimens in the museum of the Albany Medical College. These slides or transparencies were enlarged many diameters—thrown upon a white wall by means of the oxy-calcium lantern. The College museum is extremely rich in the variety and number of its specimens, being one of the finest collections in the State.

The mode of separation of the sequestrum, the formation of the involucrum, the presence of the living wall of granulation tissue between the septic elements of decaying tissues and the open mouths of absorbent vessels, and the almost complete analogy existing between the various structures in accomplishing the separation of dead parts and the reproduction of the new were spoken of at length.

The microscopic and pathological anatomy of the subject was fully illustrated. The minute structure of the parts at the different stages of the affection, and the appearance of actual specimens in the various phases of necrosis were exhibited. The modifications of the vascular supply in different tissues, and their various powers of anastomosis were fully discussed.

At the conclusion of the paper a vote of thanks was given to Dr. Hailes for the effort he had made to entertain the society.

After a recess and refreshments Dr. E. H. DAVIS read a paper entitled *Pleuritic Effusions Treated by Paracentesis*. After a few preliminary remarks he continued: In cases of effusions into the cavity of the chest it is important to determine as nearly as possible the amount and character of the fluid. If there be any doubt as to the nature of the case, after having examined the patient in the ordinary manner, we can in most instances make use of the exploring needle with perfect safety, to correct an error or confirm our diagnosis.

Having determined the existence of fluid in the pleural sac, and that an opening into that cavity for its evacuation is necessary, three pertinent questions naturally arise—when, where and how shall we operate? Not that in all cases operation is necessary, for

if the fluid is serum simply, a reasonable hope may be indulged that under favorable circumstances it will be absorbed by the aid of appropriate remedies, however large the quantity. But, if the sac contains pus, constituting empyæma, the hope of absorption is greatly diminished, if in fact it is not entirely precluded. Therapeutic agents have but little influence in promoting the absorption of pus, and if it were absorbed its influence might prove only disastrous. When therefore paracentesis becomes necessary it should be resorted to without delay. The place of selection for making the opening is where we are sure we are below the level of the fluid and where we can most readily reach it. Miller's Surgery directs us to carefully avoid the margins of the ribs, but in most cases I have selected the upper margin. In some cases I have used the bistoury and in others the trocar. When there is little or no bulging of the inter-costal spaces or where there is the least doubt as to what may be underneath, I should greatly prefer the bistoury, so as to make an open wound and penetrate the cavity of the chest no further than barely sufficient to divide the pleura. In other cases after dividing the integument the trocar is all that is necessary and very convenient.

The following cases are presented: J. K., a mechanic, aged 17, while on his way to this city on a canal boat in the month of June, was taken violently sick with pleuro-pneumonia. I was called to attend him about ten days after the onset and found him still laboring under severe inflammatory action, which, after continuing ten or twelve days more, began slowly to abate and gave some encouragement of recovery. But the disease still continued in a sub-acute form, and after a few weeks he began to show symptoms of purulent effusion into the left pleural cavity. This gradually increased until the fifth of November, when I opened the chest for its removal. Previous to the operation the left side of the chest was greatly disturbed, and the intercostal space, prominent. The whole of that side from the sternum to the spine was without rale or respiratory murmur. He had frequent cough with but little expectoration, and also dyspnoea. Appetite and digestion were greatly impaired, with rapidly increasing emaciation.

For the operation I had him taken from his bed and seated in a

common chair reversed, with his head and arms resting upon its back. I divided the integument by puncturing it and cutting from within outwards at a point about four inches to the left of the spine, and over the lower margin of the eighth rib. I then pressed the integument upwards and passed a trocar through the wall close to the upper margin of the same rib, drawing off ten pints of thin pus. As he now became faint I stopped the discharge with a tent and dressed the wound with adhesive plaster, with a bandage around the body. The next day I drew off five pints and the day following as much more, for the first time emptying the cavity. After this the tent was removed daily and the accumulated pus permitted to escape. The amount discharged during the first ten days was estimated by a friend of the family at thirty-two pints. He now gradually improved, and his appetite was good so that he took a large amount of food which was well digested. For five months he continued to gain and was able to walk about the house, sometimes remaining up during the entire day. But in the month of April his strength began to fail and he died about the first of May. A post mortem examination was not allowed.

Two prominent points of interest in the case are: 1st, the large amount of pus discharged, and 2d, the length of time the system was not only able to sustain this great drain upon its resources, but to improve in strength and flesh, being finally borne down only when returning health seemed almost in his grasp.

G. P., aged 33, captain of a canal boat; a man of full habit, and strong, vigorous constitution. He was taken sick while on the canal, and some time after I was called to visit him. I found him suffering from severe inflammation of the right lung, involving the pleura and already threatening suppuration. His previous treatment had been entirely inadequate to his disease. Symptoms, after a short time, of empyæma became evident, affecting the right side, and believing that nothing could be gained by delay I determined to evacuate the pus while his strength was good. This I did, puncturing the chest wall by slow and cautious incisions under the right axilla, close to the upper margin of the sixth rib, and drew off about five pints. I then inserted a tent and dressed with adhesive plaster with a bandage. This was removed daily and the discharge

continued in gradually diminishing quantity for about eight weeks, when it entirely ceased and the wound healed. Before the operation his cough was severe and he expectorated pus freely. If at any time he lay upon his right side he could raise little or nothing, but if he turned upon his left side the flow of pus would occasionally threaten suffocation, and he would expectorate from a gill to a half pint in a few minutes, showing that the abscess had not only involved the lung, but had formed a communication with the bronchi. From this time forward he continued to improve slowly until he completely regained health. This was at the time of the uprising of the south, and at the first call for troops at the north he enlisted in the army and served with credit through the war.

W. D., a farmer, aged 30, while plowing in the spring of the year caught a severe cold, which brought on a difficulty of the lungs from which he never entirely recovered. One year after the following January I first saw him. He had what I regarded the inflammatory phthisis of Niemeyer. The right lung was to a great extent disorganized, but the left was still in a condition to perform its function. By means of succussion, evidence was obtained that air as well as fluid was in the right pleural cavity, the splashing sound being heard even before the ear reached the chest. He suffered from dyspnoea, and was unable to lie down in bed from a sense of impending suffocation. I believed his case hopeless and stated my opinion to him. But he urged me to draw off the pus, which I told him his chest contained, with the view of relieving his difficulty of breathing. So, with the hope of affording this relief and possibly prolonging his life, I determined to remove it. At my next visit I took with me Dr. Purdy of Elmira and, after having his approval, I operated as in the first case, entering the chest cavity close to the upper margin of the rib and near the inferior angle of the scapula, drawing off seven pints of pus greatly to his relief. His laborious respiration was entirely removed and he could lie in bed with comfort, which he had not done for many weeks before. He lived only three weeks after the operation, but the relief he experienced from it was satisfactory. A post mortem examination was not permitted. There are three questions of interest connected with the case: Did this pus have its origin in a pul-

monary abscess which burst into the pleural cavity? Are such large accumulations of matter liable to occur in the course of phthisis? Did the relief obtained justify the operation at so late a period?

H. B., 19 years of age, son of a farmer, was taken with severe illness, three weeks after the beginning of which I first saw him, in consultation with several other medical gentlemen. There was no room for doubt that the diagnosis of pleurisy, made by the attending physician, was correct. We found him lying in bed, fixed on his left side, unable to change his position without great inconvenience, and his countenance was expressive of anxiety and suffering. There was no respiratory sound, natural or morbid, over the whole left side. A prominence of the intercostal spaces was barely perceptible, and the side was a little distended. By placing the hand over the region of the heart I marked the distinctness with which I seemed to feel its concussion against the wall of the chest, the apex being near the margin of the right axilla. I believed the case to be one of hydrothorax and at once proposed the evacuation of the fluid by incision, but as there was a difference of opinion on the part of a distinguished physician present, it was thought best to delay. Four days after we again met, and as we were still unable to agree as to the propriety of operating, we explained the difficulty to the friends of the patient, and as he was rapidly failing they expressed a desire that an effort be made for his relief.

We accordingly had him raised to a half sitting posture in bed, his head turned to the right and his left arm moved back and out of the way, assistants holding him in this position. An exploring needle was passed through the space between the sixth and seventh ribs, three inches to the left of the sternum, and on withdrawing it water trickled down his side. With a bistoury I then made an incision two inches in length over the lower margin of the seventh rib through the integument, which was then slipped upward and I carefully divided the tissues down to the pleura by shortened incisions, puncturing the membrane with a sharp pointed bistoury. The fluid discharged with a force that carried it ten or twelve inches from his side. It continued to flow until we had a common water pail half full of a thin, slightly albuminous liquid. During

the discharge the heart gradually returned from its abnormal position and the patient instead of becoming faint or exhausted, expressed himself greatly relieved. We gradually reclined him over the edge of the bed till he was placed fully on his left side, and at the first sound of ingress of air to the chest I slid the integument downward and closed the wound with adhesive plaster and a bandage. There was no return of the effusion and the wound was not reopened. He soon began to improve and continued to do so with no untoward event until he completely regained his health. The disease left him with the left side of the chest slightly contracted, but the lung was healthy and he was able to follow the laborious occupation of house carpenter.

Dr. BIGELOW remarked that the paper was interesting and the cases detailed rare and unique. He thought that it deserved a fuller discussion than the lateness of the hour would allow, and moved that its discussion be postponed and made the first in order at the next meeting. Carried.

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ART. III.—*Epidemic Cerebro-Spinal Meningitis*. By CHARLES FORBES, M. D., Rochester, N. Y.

Read before the Central New York Medical Association.

Synonyms. { Cerebro-spinal fever.
Malignant purpuric fever.
Spotted fever. Also been called typhoid meningitis and malignant meningitis.

Definition.—Dr. Aitken defines the disease to be a malignant epidemic fever of an acute, specific character, of sudden invasion, attended by painful contraction of the muscles of the neck, and retraction of the head. In certain epidemics it has been frequently accompanied by a profuse puerperic eruption, and occasionally by secondary effusion into certain joints. Lesions of the brain, the spinal chord, and their membranes, are found on dissection. The course of the disease is rapid and very fatal, attended with great prostration of the powers of life, severe headache, and pain along the spine.

History.—It is believed that this disease prevailed epidemically in Europe at different periods of the 14th, 16th and 17th centuries. In the United States it was first seen in the epidemic form at Med-

field, Mass., in 1806, and from that time until 1816 it was constantly epidemic throughout this country, particularly in the New England States. From 1816 to 1860 casual epidemics, with sporadic cases here and there, seemed to have occurred in several of the States, particularly the Southern and Western, the Middle and Eastern having been comparatively exempt. In 1863-'64-'65 it prevailed as an epidemic of wide range and with great mortality in West Prussia. About the same time a very fatal disease devastated parts of Russia, which is believed to have been cerebro-spinal meningitis.

In March, 1866, it prevailed as an epidemic in Dublin, and reached its height during the following year. It spread to other towns in Ireland, and there were some cases in England.

It prevailed to a considerable extent amongst the troops of the U. S. Army during the late war, and also in the confederate army. It was first seen during the winters of 1861 and '62 in the army of the Potomac.

Morbid Anatomy.—The morbid appearances found in the cerebro-spinal axis and its membranes are : When death has happened within two or three days after the invasion, opalescence of the upper surface of the cerebrum, seemingly in the subarachnoid fluid; an abundant vascularity of the membranes of the brain, chiefly of the pia-mater; a large increase of serum in the subarachnoid space and in the ventricles, clear or turbid and mixed with flocculi of lymph, and as often as otherwise, even in cases of the briefest duration, an abundant exudation of thick, yellowish, apparently semi-organized lymph at the base of the brain and the medulla oblongata.

The membranes at this stage are *sometimes* remarkably dry, without injection; or they may be adherent to the surface of the brain or among themselves. The cerebro-spinal fluid is much increased, and of a yellowish and milky hue; the spinal meninges congested like those of the brain; and the chord has been found softened.

In all epidemics of this disease cases have occurred in which no appreciable changes have been found in the cerebro-spinal membranes.

Thus during the prevalence of the disease in the army there

appears to have been two classes ; in the first, the autopsy disclosed grave anatomical lesions of the cerebro-spinal axis, accumulations of serum, sero-pus, pus or tough yellow lymph, especially in the ventricles about the base of the brain and in the upper part of the spinal canal ; in the second class of cases no perceptible anatomical lesion in the cerebro-spinal axis was observable. Both anatomical conditions appear to have been found indifferently, in protracted cases as well as in those which proved suddenly fatal.

Blood.—The blood is usually very dark colored and fluid, even in the briefest cases. Dr. Stillé states that in some instances firm, fibrinous clots have been found in the heart after death.

The coincident lesions are : congestion and œdema of the lungs, pleural, pericardial, and articular sero-purulent effusions, and occasionally enlargement of the glands of Brunner and Pyer, without ulceration.

Symptoms.—As a rule the invasion is sudden, without warning indisposition, except, perhaps, general weariness, or aching of the whole body, or shivering, which may amount to a sharp chill, and is often the initial symptom. In some cases weariness and a sense of general uneasiness are felt for a day or two before the onset of the acute symptoms.

The onset of the disorder is almost constantly marked by severe headache, usually occipital, sometimes frontal ; the patient speaks of it as acute, excruciating, and unbearable. Dizziness may be complained of ; pains in the nape of the neck, limbs, calves of the legs, and joints, particularly the knee-joints. Stiffness of the jaw and neck are felt. Sore throat in some epidemics has been a common initial symptom. There are often soreness and tenderness at the back of the neck and along the spine. Nausea and vomiting may happen at the outset. Generally there is great weakness from the beginning.

Delirium may set in soon ; it is generally not violent, but wandering or talkative, or muttering ; in other cases there may be initial stupor, or even coma ; again, there are cases in which the intellect may be unimpaired throughout the attack.

Eruption.—From a few hours to one or more days the eruption is seen upon the neck, abdomen, back, arms, legs, and sometimes

the face. It is made up of distinct, dark-red or purple blood spots of the size of a pin's head to that of a dime ; they are not raised, and do not fade on pressure. Sometimes they are only dark mottled scattered here and there over the skin. The eruption is not constant, and in some cases it has appeared only after death.

Cutaneous hyper-æsthesia is a symptom that is soon added, and sometimes to such a degree that, slightly touching or brushing the skin, will bring on reflective muscular contractions.

Anæsthesia is very rare, and generally at a late stage.

The muscles of the nape of the neck become rigid and retracted, and the head is thrown back ; this is one of the most constant and persistent symptoms.

The tongue may now become dry, dark-colored, or even black, fissured and swollen, or covered with sores.

The bowels, as a rule, are constipated.

Disorders of the organs of sight and hearing are not constant symptoms ; squinting, and some degree of deafness and a buzzing in the ears, are the most common.

The patient usually lies on the side, at least until towards the last, though there are usually much restlessness and tossing about.

Death happens by coma, or by paralysis of the heart and lungs, or possibly by asthenia.

The duration of an attack is from a few hours to many weeks. Cases are recorded which have ended fatally in three, four and five hours. More than one-half the deaths are said to happen from the second to the fifth day. In the late Irish epidemic a large proportion of the fatal cases died in from ten to forty-eight hours ; in others, death happened at the end of the second and during the course of the third week.

Convalescence, taking place from the fifth day to the fourth week, and often later, is tedious, and full health is not regained sometimes for months.

Dr. Clymer is of the opinion that relapses in this disease are frequent.

Dr. Flint states that they have not been observed.

Mortality.—Most epidemics and endemics of cerebro-spinal

meningitis have been marked by great fatality ; in some instances throughout their whole course, in others only for a while after the outbreak. The death rate in the several epidemics between 1838 and 1865 varied between 75 per cent. and 20 per cent.

Dr. Stillé states that ten epidemics in various places between 1838 and 1848 gave an average mortality of 70 per cent., and a like number between 1855 and 1865 gave only about 30 per cent.

Etiology.—Of the host of predisposing and exciting causes of this disease which have been catalogued by writers, all have been named in connection with other disorders, endemics and epidemics, and most, or all, have been wanting in some outbreaks of cerebro-spinal meningitis, or in the several localities where it has prevailed, or in individual cases. In this respect nothing constant has been noticed. As regards temperature, we find that the disease has prevailed every month in the year. The outbreaks in this country have been chiefly during the winter and early spring. It has prevailed among all classes and conditions of people. In some epidemics males have suffered most, and in others females have been the victims. This disease appears to be confined to no particular age. Instances are recorded where it has been confined to masses of people living together as in workhouses, prisons, schools, and particularly in barracks.

The mass of testimony is against its being contagious ; but cases of apparent communication of the disease from the sick to the well are recorded. There is reason, therefore, to believe that the effective cause of this disease is to be sought for beyond physical and bodily conditions ; that it is outside of the degree of heat, moisture, &c., and the constitutional state of the individual. So at the present day we do not know the true cause of the disease, and we only assume that there is a specific poison as the effective cause.

Nature.—Of the nature of this disease, but little more appears to be known than there is of its cause. Many have regarded it as a form of simple acute cerebro-spinal meningitis. The objections to this are, that this disease as a primary idiopathic affection occurs very infrequently, and that epidemics or endemics of it are very improbable ; and it may be urged that the behavior and the

results of treatment of the disease under consideration are not explained upon the supposition of its being a simple meningeal inflammation. The clinical history of epidemic cerebro-spinal meningitis shows that the whole system is implicated from the outset, and it often strikes down its victims without leaving any trace of local damage. Nor is there any constant relation between the severity and duration of the symptoms and the degree and extent of changes in the cerebro-spinal membranes. They are present or absent alike in protracted cases as in those which have proved suddenly fatal.

There are those who believe that epidemic cerebro-spinal meningitis should be classed with the so-called zymotic diseases, and many consider it but a variety of typhus fever. It is urged that there are certain distinguishing marks which should prevent any confusion between the two diseases, the principal of which are, the suddenness of the onset in epidemic cerebro-spinal meningitis, its rapid course, the absence of the mulberry rash of typhus, the early appearance of the hæmic spots, and its non-contagiousness, whilst many of the characteristic symptoms of the continued fever are wanting. It has also been regarded as a form of paludal fever; but Dr. Aitken is of the opinion that there are no sufficient grounds to believe it to be of malarious origin.

Treatment.—There is no known antidote to the specific ætic poison, nor can it be expelled by elimination. The indications are to stay, if possible, the progress of the disorder, and sustain the vital powers. A hot bath (102° - 106°), in which the patient is to remain a short time only, and to be immediately wrapped in blankets, often gives some relief. When the surface generally or extremities are cold, friction or sinapisms may be used; blood taken by cups or leeches from the back of the neck, followed by counter-irritation or a blister, appear to be of benefit in many cases. Of all the drugs given internally, Dr. Clymer says that opium has undoubtedly been of the greatest service in subduing the virulence of the symptoms. Quinine, in cases where malaria aggravates the disorder, is also well spoken of. Ether and chloroform inhalations have been used as sedatives; and tincture of cantharides are used in cases marked by extreme depression. The

hypodermic injection of morphia about the seat of pain is recommended. The bowels ought to be kept free by purgative enemata, containing croton oil, turpentine, etc. Nutritious and suitable food must be taken, when possible, at short intervals, and through the night as well as the day. During convalescence fresh air, good diet, and tonics are required.

In regard to the extent to which opium has been used in this disease, Dr. Elisha North, who wrote upon this subject in 1811, relates a case of a young woman, about 20 years of age, who recovered from the disorder, being very violently attacked, and a high delirium with great distress supervening, took more than a quart of brandy and not less than twenty grains of good Turkey opium, in less than twelve hours, before any material mitigation of her disorder could be obtained; and there was not the least appearance of intoxication in the case. He also states that he was frequently obliged to give ten grains of opium for a dose in some of the most violent cases, attended with strong spasms, and he never knew it to produce stupor in a single instance.

Bromide of potassium has been given, and as it may be a valuable adjuvant in controlling some of the symptoms, it merits a fair trial, but not to the exclusion of other remedies.

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Miscellaneous.

Clinical Notes on the Electric Cautery in Uterine Surgery.

BY J. BYRNE, M. D.,

Surgeon-in-Chief to St. Mary's Hospital for Diseases of Women; Clinical Professor of Uterine Surgery to Long Island Medical College, etc.

CASE XIII.

INTESTINAL FIBROID.

Miss —, aged 22, sought advice on account of menorrhagia in March, 1869, which had existed for about 12 months previously. At this time her friends stated that she seemed to be increasing in size, and that a hard swelling had been noticed towards the lower and right side of her abdomen, but no examination was made until August of the same year. At this period a large globular and firm tumor was found occupying the right iliac fossa, and a digital examination per vaginum discovered the os uteri dilated to its utmost capacity and this same body presenting. The margin of the open cervix was traceable only to the extent of one-half its

circumference, the remaining or right half being continuous with the intra-uterine tumor. Menorrhagia was very profuse, and each catamenial period was likened to a severe and prolonged labor, being attended with violent expulsive pains of an intermittent character. In September, 1869, an attempt to draw down the tumor was made with a view of removing it, but its sessile character was such as to render the effort impracticable.

In December, 1869, Professor Barker saw the case in consultation with her attending physician, Dr. Schapps, diagnosed a recurrent fibroid, and discouraged any attempts for its removal. Up to November, 1871, the tumor continued to increase in size upward as well as within the vagina, and extended from two inches above and to the right of the umbilicus down to the vulva. The pelvic cavity was now completely filled up with the firm, irregularly lobulated mass; defecation was seriously impeded, and the frequent use of a catheter was called for to empty the bladder, which could only be entered by a long flexible one and with much difficulty. Menorrhagia was not so excessive as formerly,



FIG. 11.

but the violent expulsive pains already referred to still recurred with each catamenial period. She was now in a most deplorable condition from long suffering and loss of blood, and at this period in her history I saw her for the first time at the request of Dr. Schapps. By placing the patient on her side and drawing back the perinæum, a sound could be passed into the uterine cavity, and plainly felt through the abdominal wall above and to the left of the umbilicus, and the depth measured at least ten inches. The vaginal mass was firm and elastic to the touch, and numerous large-sized blood-vessels were observed ramifying on its surface. An attempt to remove this intra-vaginal part by galvano-cautery was now proposed and consented to. The operation, which took place November 16, 1871, may be described as follows: A strong semi-circular needle, seven inches in length exclusive of handle, with eye 3-8 of an inch from point, and carrying a heavy thread, was made to penetrate the tumor posteriorly as high up as could be reached, and was pushed forward until the point could be felt behind the pubic arch, provision being made to protect the urethra from injury. A slight additional force enabled me to reach the thread by means of a tenaculum, and the needle was withdrawn, while one end of the thread was brought down anteriorly. A

strong platina wire being attached to the cord, was next drawn through and made to take the place of the latter. At this stage some trifling hemorrhage was observed. A connection was now made to the battery, and by very slow traction, occupying at least fifteen minutes, the tumor was split down longitudinally, and thus divided into two nearly equal halves and without loss of blood. The left half of the mass was now looped, and its removal effected with comparatively little difficulty. An effort was next made to dispose of the remaining portion by the same process, but after repeated trials this method was found impracticable, principally on account of its more irregular and conical shape. Recourse was now had to the cautery knife, when the whole was removed piecemeal, and all irregular projections within the pelvic cavity being trimmed off, the operation, which lasted two hours and a quarter, was thus completed.

The patient's recovery from the effects of the operation was rapid, and unattended with the slightest inflammatory symptoms or irritative fever. Relief from the more distressing symptoms was complete; her appetite and strength rapidly returned, and though no attempt at spontaneous enucleation of the upper segment of the tumor took place, an occurrence faintly hoped for, yet her general health continued to improve, and for a period of over six months her life was one of comparative comfort.

In the early part of June, however, Dr. Schapps informed me that, though the abdominal part of the tumor had not apparently increased, the pelvic growth had to some extent reappeared, and the menstrual expulsive pains returned with much severity.

On the 15th of last August I was urgently requested to see her, on account of great difficulty having been found by Dr. Colt, Dr. Schapps being then in Europe, in emptying the bladder by catheter, following an unusually severe and long continued attack of her periodical expulsive pains. Her suffering was described by her mother as equal to a severe labor, and she was hourly expecting a return of the same agony, which, in her now emaciated and anæmic condition, it was thought impossible she could survive. The tumor was to be seen bulging out between the vulva, and a flexible catheter was passed into the bladder with much difficulty. On the night of the 17th she was seized with the dreaded pains, and during one violent paroxysm a large part of the tumor was forced

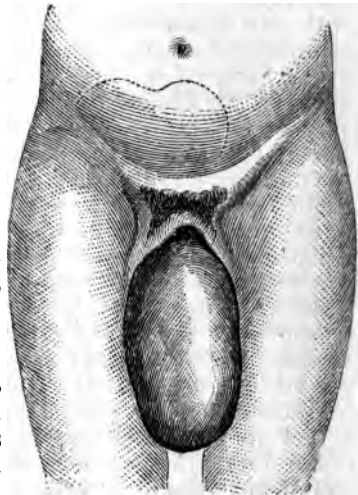


FIG. 12

through the vaginal outlet, lacerating in its passage the perinæum and one side of the vulva.

Its size, shape, and general appearance will be understood by reference to the foregoing illustration, and the dotted lines indicate the form and position of its upper pelvic and abdominal portion.

The protruding part measured 9 inches in length, and from 14 to 15 inches in circumference. For a space of two or three inches from its lower end sphacelated discoloration was observed, and the odor of decomposition was strongly marked. Numerous large blood vessels were seen ramifying on its surface, the upper two-thirds of which was of a deep red color, from interruption in its circulation; while in consistence it presented the firm character of an ordinary fibroid.

THE OPERATION.

The patient being anæsthetized, powerful traction was made below, while steady pressure was kept up on the supra-pelvic extremity of the tumor; but after continued efforts it was found impossible to bring it down more than one inch beyond the position it had already attained, owing in part to its connections within, but principally on account of its larger dimensions above. A double ligature of strong whip-cord was now passed from behind forward through the centre of the tumor, immediately outside the perineal commissure, steady traction being all the time kept up, and the mass ligated in the usual manner, the principal object being to insure full control of the stump during and after excision. As the vascular appearance of the parts forbade the use of any ordinary sized platina wire, a piece six inches in length of No. 16 (Stubb's gauge) was fastened by binding screws between the two conducting cords of the battery, and curved so as to adapt itself to the contour of the tumor. This was now applied, *while cold*, to the under surface, half an inch below the ligature; and all being in readiness, the battery was next immersed, and the heated wire slowly carried around the tumor, as in circular amputation, thus effecting a deep fissure, and completely sealing up the superficial vessels. The battery was now raised and the wound examined, but no disposition to hemorrhage was observable. The wire was next applied to the under surface of the tumor as in the first instance, the battery reimmersed, and by a slow and steady see-saw movement the whole mass was cut through. Though the ligatures had by this time become quite loose from traction, there was no bleeding from the stump; nevertheless, in order to guard against secondary hemorrhage, the whole surface was well seared over a second time, and the dome-shaped cauterizer pressed into every suspicious point.

The stump was then returned within the vagina, and an anodyne suppository of belladonna and morphine ordered, but no dressing of the wound was used or deemed necessary.

As space will not permit a detailed record of her progress after

the operation, I will merely add that, though suffering from two extensive bed-sores, she improved rapidly and without the slightest symptom of local inflammation or irritative fever. The ligatures were allowed to remain for three or four weeks, with the hope of effecting some reduction in the upper tumor by drainage; but their presence giving rise to a good deal of annoyance, and for other obvious reasons, they were taken away.*

CASE XIV.

CASE OF SESSILE INTRA-UTERINE FIBRIOD.

Mrs. D., aged 30, widow, has had five children and one miscarriage. Menstruation was always regular up to two years and a half ago, when her periods commenced to be prolonged and the flow excessive. She states that she has been under observation at Bellevue Hospital for about three months previous to her admission into St. Mary's, which was on the 15th of April, 1872. Her metrorrhagia had been for some time past almost continual, and as she was much reduced from loss of blood, it was deemed best to prescribe rest, nourishments and local astringents, before submitting her to the ordeal of a thorough examination. On the 1st of May, her condition having greatly improved, an investigation was made with a view to diagnosis and with the following result: Above the pubis and a little to the left was noticed a firm globular tumor, in size about that of a four months' pregnant uterus, somewhat tender to the touch, and slightly moveable from side to side. A digital examination revealed the presence of an intra-uterine tumor presenting within the os, which was soft and dilated to the extent of a silver dollar. The growth resembled an ordinary fibrous polypus, and it appeared to be free and detached from the uterine wall as far as the finger could reach, but owing to its large size (being about that of a human heart, which in shape and consistence it resembled), and as in its upper half it seemed to fill the entire cavity, the true character of its connection could not then be made out. I had not the good luck at this time to be made acquainted with the simple and ingenious device of Prof. Thomas, by the aid of which I have no doubt I might have been able to estimate the extent of its attachment.

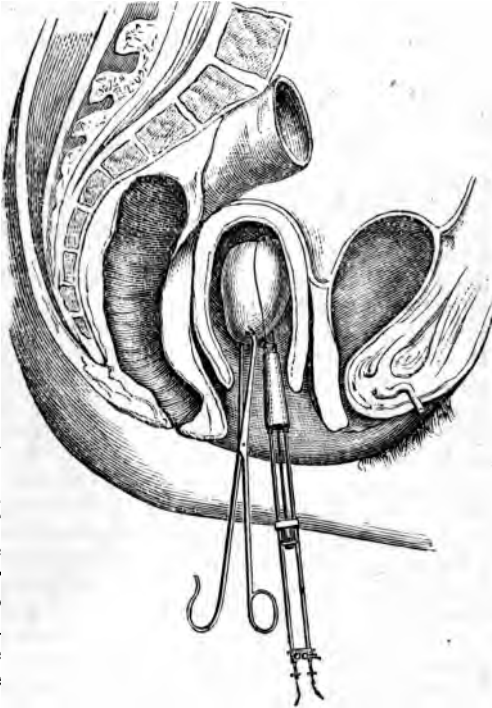
The case was therefore diagnosed as one of intra-uterine fibrous polypus, and most probably pediculated. It should also be stated that manipulation with the sound failed to give any clear idea of the nature of its attachment.

On the 4th of May, the patient being anesthetized, the cautery loop was passed into the uterine cavity and over the tumor; but as the latter was now found to be much less movable than

* A third operation has since taken place, and will be described before the close of this paper.

at first supposed, this step in the operation was attended with the utmost difficulty. I soon noticed that the wire could not possibly be made to embrace the outgrowth sufficiently far up to remove it entire, and now for the first time the real character of its attachment admitted of little doubt.†

A strong vulsellum forceps, being once more carefully passed through the loop and into the cavity, was opened, and the apex of the tumor laid hold of. Firm traction to the extent of partially inverting the uterus was then steadily maintained, while the loop was passed up as far as possible and tightened. The conductors were then attached and the battery immersed, when by a slow movement of the screw in the loop-handle the part embraced was cut thro' and removed. Space being now afforded for the introduction of two fingers, it was found that but little more than one-half of the tumor had been taken



away. A repetition of the proceedings just described resulted in the removal of the remaining half, the surface from which it was taken being slightly elevated at its circumference, and seemingly about $2\frac{1}{2}$ inches in diameter.

No blood was lost during the operation beyond what would necessarily come from handling the parts, nor was there any secondary hemorrhage. The uterus was injected daily with a weak solution of carbolic acid and vinegar, and the after-treatment in other respects consisted of beef-tea, milk punch and tonics, with an occasional anodyne suppository. Two weeks after the operation there was a trifling bloody discharge when the uterine cavity was explored by a polypus-forceps, and a portion of slough removed. A strong solution of iodine was then freely applied and

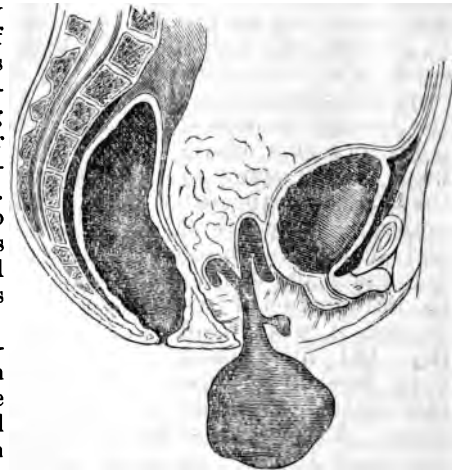
† The attachment of the tumor is not quite correctly represented in the above sketch, the upper portion being less spread out and proportionately narrower than the actual condition observed would warrant.

no further bleeding occurred. On the 30th of May, twenty-six days after the operation, the cavity of the uterus measured a little over three inches, and as the patient seemed to be daily improving, she was pronounced out of all danger. She left hospital on the 3d of June.

CASE XV.

FIBROUS POLYPUS OF THE UTERUS.

Kate ———, aged forty-five, unmarried, had always enjoyed good health and menstruation regularly up to June, 1870. About this date she says the intervals between her courses began to be prolonged and the flow scanty, but that towards the end of December she was taken with "flooding," which lasted two weeks. Throughout the year 1871 she had attacks of metrorrhagia, sometimes lasting for ten and even fifteen days, and for the cure of which she stated she had taken "a power of medicine." She noticed some increase in the size of her abdomen, but it did not engage her attention to any extent; and on the 30th of December, 1871, she was seized with severe hypogastric pain and "bearing down," when a large tumor made its appearance outside the vulva. Dr. J. P. Dwyer was now called to see her, diagnosed a fibrous polypus, and recommended her to be sent to St. Mary's hospital for operation.



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On examination the tumor was found to be firm and lobulated, and in size about twice that of a closed hand. Its pedicle, which measured about four inches in length, was round, and about one inch in diameter at its smallest part, which appeared to be midway between the tumor and its uterine attachment. Affixed to the pedicle, about an inch and a half from the tumor, was a small pediculate fibroid outgrowth.

On attempting to pass a sound into the uterus, which appeared fully dilated, it was found impossible to carry it beyond one inch anteriorly and less than half that distance either behind or in a lateral direction. A finger passed into the rectum came in contact with a firm body as far as could be touched, and conjoined pressure over the pubes failed to convey any very definite idea as to the form or position of the fundus. Nevertheless, partial inversion of the uterus was diagnosed, and

accordingly, instead of proceeding to sever the pedicle near what seemed to be its uterine insertion, the point selected was half an inch above the little secondary outgrowth. When the heated wire had passed through and the tumor was removed, the uterus was found to have reverted itself and the cavity measured over three inches in depth. Two weeks after the operation the patient was discharged cured.

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CASE XVI.

LARGE FIBRO-CELLULAR POLYPUS OF THE CERVIX; FIRST NOTICED FIVE DAYS AFTER PARTURITION.

Mrs. M—, aged 28, was delivered of her third child April 6th, 1870. During gestation nothing occurred to excite her suspicions, and her general condition was in no way different from that observed in two previous pregnancies. In this third labor, which lasted but a few hours, she was attended by a midwife, and no difficulty occurred further than that the after-birth was slow to come away. Yet she was sure no undue traction had been made on the cord.

Three or four hours after delivery she was seized with very severe expulsive after-pains, which lasted for three days, then subsided, and her condition for the following two days was, on the whole, comfortable.

On the fifth day, being without a nurse, and having no one to care for her children, she ventured to get up and walk about; but no sooner had she done so than a large substance, which she thought was her womb, protruded from the vagina. She immediately returned to bed, and so remained until I was requested to see her, which was on the 14th (eight days after confinement). During these three days there was a constant passive hemorrhage, and she appeared very weak and anæmic; but she complained of no pain, and the greater part of the tumor had retreated within the pelvic cavity soon after assuming the recumbent position. In shape it was ovoid, or rather pyriform, about the size of a uterus at from three to four month's gestation, and of firm consistence, except at its lower surface, where it yielded readily to pressure from below upward, but immediately recovered its convexity on the pressure being removed, thus giving a very distinct impression of its being hollow. Several abraded spots were observed on its sides and inferior surface, from which blood oozed, and the whole was of a deep flesh color.

In accordance with my advice, she was brought to St. Mary's Hospital April 16th, 1870, when a careful examination was made with the hope of deciding as to whether this was really a case of inversion of the uterus or a polypus. On introducing two fingers within the vagina and making traction on the prolapsed mass with the other hand, it was found that there was no cervical

rim, but, on the contrary, the vaginal surfaces and that of the tumor were continuous, except at one small spot anteriorly, which was depressed. Here an effort was made to introduce a probe or sound, but unavailing. By examination per rectum and pressure above pubes, I failed to satisfy myself of the presence of a uterus above, and for the time being desisted from further efforts at diagnosis. At this juncture, the case being one of unusual interest, I requested Drs. Thomas, Noeggerath, and James L. Brown to see her with me. The same steps towards forming a diagnosis were again resorted to, and after repeated efforts Dr. Thomas managed to get a probe into the cavity of the uterus from the bottom of the little concavity in front, and thus all doubts as to the position of that organ and the character of the tumor were at an end. It is but proper to state, however, that before the cavity of the uterus was reached all present felt certain of having detected, by bi-manual examination, a body which it did not seem possible could be any other than the uterus. Nevertheless, had every attempt to reach the cavity of the uterus failed, and no other evidence of its existence above been found than that afforded by the rectal and supra-public touch, the true nature of the case must still have remained doubtful; because, supposing this to have been a case of inversion, it is very easy to imagine how a subperitoneal fibroid might have swung into the position vacated by the inverted uterus, and thus deceive the very best diagnostician.



Fig. 15.

Again, though, as Dr. Thomas observes,* the presence of a body in the uterine region may warrant a more or less forcible introduction of a probe when, owing to the agglutination of tissues by inflammatory action, the aperture may have been closed, it should not be forgotten that under such circumstances but a small amount of force would be needed to effect a passage into cellular tissue or elsewhere in this immediate neighborhood.

At all events, this case, if not unique, is so interesting and instructive that no apology is needed for occupying so much space with its history.

The operation for the removal of this polypus was also no less profitable than interesting, because, in addition to errors committed in operating, and, of course, carefully avoided ever after, all my subsequent experiments towards devising a more powerful and yet portable battery than had been generally used heretofore, were prompted by what was observed on this occasion. In the first place, though the battery employed was one of huge dimensions,

* Diseases of Women, 3d edition, p. 412.

the thickness of the wire which it was capable of heating was quite insufficient to thoroughly cauterize the tissues in its passage through the pedicle; secondly, I contracted the loop too rapidly; and lastly, to make the matter still worse, traction was made on the tumor, so that, like ripping a seam in cloth, while some of the fibres were cut, many were barely touched with the heated wire.

The consequence of all this was, that my patient narrowly escaped death from hemorrhage. One large artery had to be ligated, and the vagina was tamponed with oakum soaked in persulphate of iron.

On account of this latter objectionable application, of which I can conceive nothing more filthy and abominable under all circumstances as a uterine or vaginal styptic, the cut surface was slow to heal, yet the patient was discharged well within a month from the date of her admission.

She has since given birth to her fourth child, and is in the enjoyment of perfect health at present.

This case is suggestive of many pathological theories and speculations; but the limits of this paper will not permit me to say more than that I believe the formation of this polypus commenced in the cervical canal before or soon after conception; that its growth took an upward direction; and, as a development of the uterus was proportionately greater and more rapid than that of the tumor, there was thus ample room afforded for its safe accommodation during gestation.

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Medical Society of the State of New York.

SIXTY SEVENTH ANNUAL MEETING.

Reported by F. C. CURTIS, M. D.

First Day's Proceedings.

The Medical Society of the State of New York met at Albany, February 4th, 1878, in the public hall, Perry building. The meeting was called to order by the President, Dr. C. R. Agnew, of New York. Prayer by the Rev. Dr. Clark, after which the President read his inaugural address.

On motion of Dr. Vander Poel, a committee of three was appointed by the President on the President's address.

The President then announced the following committees:

On Credentials—Drs. W. H. Craig, of Albany; J. G. Orton, of Binghamton, P. V. S. Pruyn, of Kinderhook.

Drs. Orton and Pruyn not being present, Drs. A. L. Saunders, of Brookfield, Madison County, and C. E. Rider, of Rochester, were appointed in their place.

Business Committee—Drs. Ellsworth Eliot, of New York; J. V. Kendall, of Baldwinsville; G. H. Hubbard, of Lansingburgh.

Committee on Arrangements and Receptions—Drs. J. V. P. Quackenbush and W. H. Bailey, of Albany; Darwin Colvin, of Clyde, Wayne County.

Committee on Medical Ethics—Drs. Thomas Hun, of Albany; E. R. Squibb, of Brooklyn; D. B. St. John Roosa, of New York.

On motion of Dr. Frazier, of Camden, Oneida County, a committee of three were appointed by the president, to invite the Governor and such members of the Legislature as belong to the regular Medical profession.

Committee—Drs. Robert Frazier, of Camden, Oneida county; Lewis Post, of Lodi, Seneca county; Thompson Burton, of Fultonville, Montgomery county.

The President then introduced Dr. G. W. Barr, of Titusville, delegate from the Pennsylvania Medical Society. Dr. Barr was formerly from this State and served in the late war, under a commission tendered him by Dr. Vander Poel, then Surgeon General of New York.

Dr. Eliot, chairman of the Business committee, announced a paper by Dr. George Burr, of Binghamton, to be read by Dr. W. C. Wey, of Elmira, Dr. Burr being absent. Subject of paper; A case of occlusion of the femoral artery from fracture of the femur, followed by morification and amputation. It was referred to the committee on publication. The business committee also announced a paper by E. H. Bridges of Ogdensburg. Subject: "Disease of the left ovary resulting in fatal hemorrhage." Referred to publishing committee.

The following papers were read by title: "Obituary Notice of Dr. Darius Clark," by Dr. B. F. Sherman; "Hernia," by Dr. J. H. Pooley, of Yonkers; "The Effects of Railroad Travel on the Health of Women," by Eli Van De Warker; "Idiopathic Peritonitis," by Dr. Joseph Lewi, of Albany; all of which were referred to the committee on publication.

Dr. D. B. St. John Roosa, of New York, read a paper, entitled "History of the progress of Otology," which was discussed by Dr. Knapp, of New York. It was referred to the publishing committee.

Dr. Wm. B. Alley, of Nunda, read a paper on "The Ultimate Result of Nerve Injuries in Gunshot Wounds," which was discussed by the members of the society.

The business committee inquired what disposition the society would direct in regard to papers of invited members.

Dr. Roosa offered the following:

Resolved, That the committee be requested to consider papers that may be presented by invited members of the society, and cause them to be read if thought expedient.

The president announced the following committee on president's address: Drs. Vander Poel, John P. Gray, E. Krackowizer.

The Society then adjourned until 3 P. M.

AFTERNOON SESSION.

Dr. Agnew, President in the chair.

Dr. J. W. S. Gouley, of New York, read a paper on "Perineal Lithotomy," which was discussed by Dr. Krackowizer, of New York, and Dr. Hutchinson, of Brooklyn.

The President announced the following committee on nominations:

First district, Dr. J. C. Hutchison; second, Dr. J. Foster Jenkins; third, Dr. H. B. Whiton; fourth, Dr. Alexander Ayres; fifth, Dr. Alonzo Churchill; sixth, Dr. William C. Wey; seventh, Dr. Caleb Green; eighth, Dr. H. W. Dean.

Dr. Vander Poel read his report in regard to changing the time of meeting of this Society.

On motion of Dr. Eliot, the report was received, and the discussion postponed till the evening session.

Dr. Thomas Addis Emmet read a paper on "Laceration of the Perineum, involving the Sphincter, and Operation for Securing Union of the Muscle." It was referred to the committee of publication.

Dr. E. H. Parker remarked upon a case of "Dislocation of the Tarsus from the *As ragulus*," exhibiting the specimen.

Dr. E. M. Moore, of Rochester, read a paper on "Intra-Capsular Fracture," illustrated by two cases. It was discussed by Dr. Gurdon Buck, Dr. Douglas and Dr. A. N. Bell.

Dr. E. M. Hunt, delegate from the New Jersey State Medical Society, was then introduced to the society and responded gracefully to his introduction.

The Secretary, Dr. W. H. Bailey, read the following: The Medical Society of the county of Albany requests the pleasure of meeting the members of the State Society, delegates, permanent, honorary and invited members, in this room (Perry hall) to-morrow, Wednesday evening, at 9 o'clock, immediately after the President's address. On motion the invitation was accepted.

Dr. Eliot, from business committee, read the following papers by title, and they were referred to the publishing committee:

"Case of Fatty Tumors of the Abdomen," by James S. Bailey, M. D.

"Senile Hypertrophy of the Prostate Gland," by James S. Bailey, M. D.

"Unusual Case of Inflammation of the Urinary Organs," by S. T. Clark, M. D.

On motion, the society adjourned to meet at eight in the evening.

EVENING SESSION.

The Society came together at 8 o'clock P. M., Dr. B. F. Sherman, Vice-President, in the chair.

Dr. E. R. Squibb, of Brooklyn, chairman of the committee on pharmacopœia, read his report. The report, on motion, was accepted.

A paper entitled "Dropsy after Scarlatina," by Dr. George Douglas, was read by title and referred to publication committee.

The report of the committee on changing the time of meeting of the Medical Society of the State of New York was then taken up in accordance with the recommendation of the business committee. Various motions and amendments were submitted, and while the matter was under discussion, a motion to adjourn to meet at nine o'clock on Wednesday morning was made, seconded and unanimously adopted.

SECOND DAY'S PROCEEDINGS.—MORNING SESSION.

The Society met, agreeable to adjournment, at nine o'clock, Dr. Agnew, the President, in the chair. No clergyman being present, the President opened the meeting with prayer. The Secretary read the minutes of Tuesday's sessions. On motion they were adopted.

Dr. Oliver White, of New York, chairman of the committee on By-Laws, through the Secretary, made his report. The report was received.

The Secretary announced that he had received letters from several distinguished physicians regretting their inability to be present at this meeting. Among others he mentioned Dr. Henry I. Bowditch, of Boston; Dr. C. E. Brown-Sequard, of New York; Dr. William Brodie, of Detroit; and Dr. E. M. Snow, of Providence, Rhode Island.

Dr. F. N. Otis, of New York, read a paper on "Strictures of the Male Urethra, with Results of Operation with the Dilating Urethrotome."

Dr. Gouley, of New York, and Dr. Newman, of New York, discussed the paper.

Dr. Roosa arose to a question of privilege, making remarks and explanations regarding a paper in the Transactions of last year by Dr. Stephen Rogers, of New York.

Dr. James R. Leaming, of New York, read a paper on "Plastic Exudation within the Pleura." Referred to the publishing committee.

Dr. Charles H. Porter, Treasurer, made his annual report. On motion, it was referred to the following auditing committee, appointed by the chair: Drs. J. V. Cobb, H. Corliss and P. P. Staats.

Dr. Elliot offered the following resolution:

Resolved, That candidates elected to permanent membership who neglect to pay the fee required by our By-Laws for one year from the date of their election, shall forfeit their rights as permanent members. Adopted.

Dr. A. N. Bell read his report on the "Quarantine establishment of New York," being a report of the committee on Hygiene.

Dr. Frazier reported as follows: Your committee appointed to invite the

Governor, and medical gentlemen who are members of the Legislature, have performed that duty. Received.

Dr. A. B. Burger, of Saratoga county, presented a specimen of a diseased kidney with a description of the case. It was referred to the publishing committee.

Dr. Wm T. Lusk, of New York, read a paper on the Pathology of Labor Pains. It was referred to the publishing committee.

Lr. Gurdon Buck presented a case of reconstruction of the under lip. Referred.

Dr. Cobb, of the committee to whom was referred the Treasurer's report, reported that they had examined the same and find it to be correct.

Dr. M. H. Eddy, of Middlebury, Vermont, delegate from the Medical Society of the State of Vermont, was introduced to the Society; also, Dr. John J. H. Love, delegate from the New Jersey State Medical Society; also, Dr. S. L. F. Simpson, of Concord, New Hampshire, all of whom responded to their introductions.

Dr. Lewis A. Sayre read a paper on Diastasis of Head of Femur and Formation of Artificial Hip Joint. Referred to the publishing committee.

Dr. J. V. P. Quackenbush read a paper on "Hydorrhoea."

Dr. E. R. Squibb reported from the committee on Ethics regarding Niagara County Medical Society. After stating the position in that county, he gave the conclusion to which the committee had arrived, as follows: "The act of disbanding the Society was null and void. That, acting under the advice of this Society in January, 1871, the Medical Society of Niagara County of 1823 was again in full operation. That, although we think Dr. Clark was in error in stating that the Society dated from 1871, and not 1823, yet this statement could not render the previous proceedings invalid. We, therefore, propose the following resolution:

Resolved, That this Society recognize the organization in Niagara county, of which A. G. Skinner is now President, and J. L. Buckner, Secretary, as the Niagara County Medical Society, and will receive Rexford Davison and Chas. N. Palmer, delegates regularly appointed by said Society.

His report was unanimously adopted.

An obituary of Dr. P. Van Olinda, by Dr. A. Van Derveer, was read by title and referred to the publishing committee.

On motion, the Society adjourned to meet at 2.30 P. M.

AFTERNOON SESSION.

The meeting was called to order by the President, Dr. Agnew. Dr. Douglas made his report as delegate to the Connecticut State Medical Society. Dr. Corliss reported as delegate to the Maine Medical Association. Dr. Newman reported as delegate to the New Jersey State Medical Society.

Dr. Jacobi, from the committee on Foundling Asylums, made his report. Dr. Joel Foster made a minority report on the same. On motion the majority report was accepted and adopted.

Dr. Kendall, of Baldwinsville, offered the following:

Resolved, That the By-Laws of this Society be altered so that section eleven of paragraph three shall read as follows:

¶ 3, § 11. At the annual meeting, at the close of the morning session of the first day, the members of the Society shall be organized into eight committees by Senatorial districts, as established by the law of 1836, the members present from each district constituting one committee, each of which shall elect one member; the members thus elected, with one appointed by the President as chairman, shall constitute the committee of nominations.

It was moved and seconded that it be laid on the table for the present. Carried.

Dr. Storck offered the following:

Resolved, That the bill entitled "An act relative to the medical laws of the State of New York," passed by both houses of the Legislature last year, but vetoed by Governor Hoffman, meets with the approval of this Society.

Resolved, That a committee of three be appointed by the chair to take all necessary steps to secure the passage of said act by the Legislature, during its present session.

Dr. Vanderpoel, Dr. Squibb and Dr. E. M. Moore discussed the resolution.

On motion, it was laid on the table.

Dr. Newman offered the following:

Resolved, That when we adjourn, we adjourn this annual meeting to the fourth Tuesday in September, for the transaction of executive business.

Resolved, That after this year the annual meeting shall be held at Albany on the fourth Tuesday of September.

Resolved, That the Secretary be authorized to make the amendment of the Bv-Laws legal, if legislation is required. After much discussion the whole subject was laid on the table.

Dr. B. L. Hovey read a report of five consecutive cases of Colles fracture. It was referred to the publication committee.

Dr. J. P. Gray exhibited to the Society micro-photographs of brain tissue.

Dr. H. Knapp read a paper on "Hemiopic and Sector-like Defects of the Field of Vision, and their connection with diseases of the Heart and Brain." It was referred to the business committee.

Dr. J. P. Palmer, of Victor, Ontario county, read a paper on "Spotted Fever."

Dr. Corliss read the "Biography of Dr. B. P. Staats, of Albany."

The following papers were read by title and referred to the publishing committee:

"Three cases of Abscess and Pelvic Peritonitis from Ulceration of the Appendix Vermiformis Relieved by operation," by Dr. R. B. Bontecou, of Troy; "Complete Dislocation of the Tenth Dorsal Vertebra Forwards," by Dr. Graves, of Steuben county; "On the use of Atropine in some Diseases of the Eye," by Dr. Edwin Hutchinson, of Utica—sent as a communication by the Oneida County Medical Society.

Dr. Babcock reported for the censors of the eastern district that they examined E. V. Stryker and found him well qualified, and recommended him as a proper person to receive a diploma from this Society. Adjourned.

The Society convened in the Assembly Chamber at eight o'clock to listen to the annual address by the President, Dr. C. R. Agnew. The principal subjects touched upon were the necessity of special culture for any particular study; that general culture was a necessary preliminary to special study; that an academic education was necessary to the study of medicine properly, and to train the mind to educe from general principles, practical results. He also spoke fully on the subject of sanitary arrangements in schools, illustrating the facts that bad ventilation and cramming education did more to shorten life by producing physical debility and mental imbecility than any other cause. The doctor concluded by asking all the members, on returning to their respective homes, to look well to their schools, and remedy, if possible, the evils spoken of.

Dr. James McNaughton said that he had listened with great pleasure to the able address of the President, and trusted that copies of the same would be distributed round the country. As a public teacher of fifty years standing, he could indorse the whole of the learned doctor's remarks, especially those relating to primary education, and he hoped that his own city (Albany) would profit by them. After commenting on several other subjects, he moved that a vote of thanks be accorded to the President for his address, and that a copy be distributed to each of the members. Carried.

The meeting then adjourned and proceeded to Perry hall, where, after being severally introduced to the President by Dr. Bailey, in the reception room, the members assembled in the large hall, where a sumptuous banquet had been prepared for them by the Albany County Medical Society.

Mr. W. H. Bogart "Sentinel" of the *New York World*, by request of Dr. Agnew, welcomed the gentlemen present in the name of the Albany County

Society. He said that, although the President had made the "eye" his particular study, he must have been at fault when he picked him out to extend the welcome of the County Society to the State Society, as he felt himself to be wanting in words adequate for the occasion. In welcoming the Society he likened it to the son's welcome to the father, for the State really was parent to the county. After dwelling on the beauties of the medical science, and alluding to embolism as the cause of Napoleon's death, explaining its meaning to be a stoppage of the heart's pulsation by clots of blood, he said that there was no such malady as embolism in his welcome, but the heart beating with all the warm impulses of friendship he bade the State Medical Society welcome in the name of the County Society.

THIRD DAY'S PROCEEDINGS—MORNING SESSION.

The Society met at 9:30 A. M. The President, Dr. Agnew, in the chair. Prayer was offered by the Rev. Mr. Reeves. The minutes were and approved.

Dr. Vanderpoel, chairman of the committee on the President's address, read their report, and after discussion it was accepted and adopted.

Dr. Robertson, of Albany, read a paper entitled "Cases in Practice." Referred.

Dr. J. Marion Sims read a paper entitled "A case of Enucleation and removal of an Intra-Uterine Fibroid Tumor," with instruments for the same. Referred.

Dr. Wm. C. Wey read a paper entitled "Some observations concerning the Hypodermic injection of Ergot in Uterine Fibroids."

It was discussed by Drs. Sims and Squibb, and other gentlemen, and then referred to the committee on publication.

Dr. J. N. Northrop, of Albany, presented a case of congenital loss of the right arm, with remarks upon it.

Dr. Jacobi believed that it was a case of arrested developement, the reasons for which he explained in full.

The business committee read the following papers by title:

"Penetrating gun-shot wounds of cranium with recovery," by A. Van Derveer, M. D.

"Sequelae of a case of purpura hemorrhagica," by H. S. Cranall, M. D.

Dr. C. Devol presented two pathological specimens.

Dr. A. N. Bell offered the following:

Resolved, That the Standing Committee on Hygiene be added to, and hereafter recognized as one of the standing committees under section 111, page 20, of Organization and By-Laws of the Society, and that said committee place itself in immediate correspondence with the county societies.

Unanimously adopted.

Dr. A. N. Bell offered the following:

Resolved, That the Standing Committee on Hygiene consist of seven members, one of whom shall be Dr. C. R. Agnew; the balance of the committee to be appointed by the chair. Adopted.

The President appointed the following committee on Hygiene:

Drs. A. N. Bell, S. O. Vanderpoel, H. D. Didama, H. W. Dean, John Ordronaux, Stephen Smith, C. R. Agnew.

The nominating committee reported through their Secretary, Dr. J. Foster Jenkins, as follows: The committee on nominations have the honor to report that they have unanimously agreed to recommend to the Society the following nominations to office for the ensuing year:

For President, Dr. E. M. Moore, of Rochester; Vice-President, Dr. Francis Burdick, of Johnstown; Secretary, Dr. William H. Bailey, of Albany; Treasurer, Dr. Charles H. Porter, of Albany.

The gentlemen nominated by the nominating committee were unanimously elected.

Dr. Jenkins offered a resolution, as a part of the report of the committee,

that no one should be eligible for election to permanent membership until he had been a delegate for three years.

Dr. Squibb moved to amend this so as to require delegates to be present at the meetings and serve for three years. After considerable discussion the resolution was carried as amended, and the report of the committee adopted.

Dr. F. B. A. Lewis offered the following.

Resolved, That this society extend their sincere thanks to the officers and members of the Albany County Medical Society for their munificent entertainment and warm reception of last evening. Carried.

Dr. Agnew made a few appropriate remarks in conclusion of his services as President.

On motion of Dr. Elliot, the Society adjourned till the 1st Tuesday in Feb., 1874.

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Editorial.

Changing the Ethics of the Medical Profession.

The Oneida County Medical Society sends us Circular, with resolutions proposing to the profession to offer consultation with all *legally* qualified physicians. The proposition is too absurd for discussion, and when considered in practical operation its impossibility is sufficiently apparent. Do Homœopathic or Eclectic physicians want our advice: generally, not much. Do regular physicians want their advice; do they respect their opinions; can they follow their example or teaching; do they in any case propose to adopt their practice? The Governor should be asked to appoint a commission of experts on insanity to inquire into the mental equilibrium of Oneida County doctors, the resolutions which they passed and circulated throughout the State indicating plainly that they are not "level." Legal qualification to practice medicine and surgery in the State of New York, does not mean anything at all; every man, woman and child in the State has the legal right to practice medicine and surgery. The possession of a case of unmedicated sugar pellets, or some tinctures of indigenous plants with accompanying pretensions, entitle to membership in the county societies; and the idea of meeting in consultation, those who have assumed the title of doctor and practice under it, is the most inconsistent proposition conceivable. But looking at the central idea of the society, we would only make three inquiries. Do physicians desire the advice of their irregular neighbors; or do their neighbors feel the need of, and desire advice from, regular physicians? Do the public care to join regular medicine with the various systems and ists and pathies they have chosen, inherited, or fallen into? These questions being answered and we think the whole field is sufficiently canvassed. If the Mahometan does not believe that his religion is as good as any, and applicable in all cases to the salvation of his soul, let him reject it and act accordingly.

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 TWENTY-SEVENTH ANNUAL COMMENCEMENT OF THE BUFFALO MEDICAL COLLEGE.—The commencement exercises of this institution will be held at

St. James Hall, on Tuesday evening, February 25th. The address to the Graduating Class will be delivered by Prof. J. F. Miner. Alumni of the College and all physicians interested in its welfare are invited to be present. The examination before the Curators will take place on Tuesday forenoon at the College building.

STATE MEDICAL SOCIETY.—We are able through the kindness of our friend Dr. F. C. Curtis, of Albany, to present to our readers a full report of the proceedings of the State Medical Society at Albany. It will be seen to have been a meeting of considerable interest.

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Books Reviewed.

Wholer's Outlines of Organic Chemistry. By Rudolph Fittig, Ph. D., Nat. Sc. D. Translated from the eighth German edition, with editions. By Ira Remsen, M. D., Ph. D. Philadelphia: Henry C. Lea, 1873. Buffalo: T. Butler & Son.

The work before us has reached a deservedly high reputation in Germany, and is placed before the American reader with the idea that it will be of value both to the beginner and the advanced student, and that it will serve as a valuable text book to all students of organic chemistry. A rapid review of the work serves to confirm this opinion and induces us to recommend the book as a work worthy of careful study. The editor of the American edition has introduced a chapter on the "Constitution of Chemical Compounds," to assist the beginner to comprehend the terms which might otherwise puzzle him.

To make the work of more value to medical students a section on Animal Chemistry is introduced, which, for the small amount of space necessarily allotted it, is very comprehensive.

We have been much pleased at the simplicity and conciseness displayed, and are happy to welcome it as another addition to the literature of the profession.

A Handbook of Therapeutics. By Sidney Ringer, M. D. Third Edition. New York: Wm. Wood & Co., 1872. Buffalo, H. H. Otis.

Not quite one year ago we had occasion to express our appreciation of this work in the pages of this journal; since that time the author has made valuable improvements and additions, and the call for a new edition in so short a time is evidence that it is highly appreciated by the professional public.

The book, as now presented, is admirably arranged, and the contents evince a wide range of study and thought by the author.

Surgical Diseases of Infants and Children. By M. P. Guersant.
Translated from the French. By Richard J. Duglison, M. D.
Philadelphia: Henry C. Lea, 1873. Buffalo: T. Butler & Son.

This work is divided into seventy-three chapters and treats of most of the surgical diseases incident to infancy and childhood. It is not, however, the intention of the author to treat of the entire range of infantile surgery, but rather to place before the reader the results of observation upon cases which have come under his own treatment. Of the more rare surgical affections of children he either speaks but briefly, or from lack of experience in their treatment ignores them altogether.

The arrangement of the different subjects, is perhaps, open to objection, no order being observed in the distribution of the chapters. Thus, for instance, we have Chapter IV., treating of Fractures; Chapter V., of Tracheotomy in Croup; Chapter XX., of Cataract, and Chapter XXI. of Abdominal Hernia.

Some of the rules laid down for operation and treatment are perhaps somewhat behind the times, but they will be found in the main to be excellent and supported by ample and careful observation.

The American translator, Dr. Duglison, has performed his task with credit, and placed the profession under obligations for his excellent translation of M. Guersant's work.

Obstetric Aphorisms: For the Use of Students commencing Midwifery Practice. By Joseph Griffiths Swayne, M. D. Second American from the fifth English edition with additions. By E. R. Hutchins, M. D. Philadelphia: Henry C. Lea, 1873. Buffalo: T. Butler & Son.

In this little work, of some one hundred and eighty pages, we have given in an abridged and concise form the principal points of the obstetric art, and to the busy practitioner who is for the time forgetful of the exact terms and technicalities of obstetric language, it will serve as a convenient and compact book of reference. We are not to be understood to advocate the use of hand-books, &c., to assist the professional man in his diagnosis and treatment of disease, but often in the hurry of busy practice where the practitioner wishes to refresh his mind on some simple and unimportant point, reference to some book of this kind will serve his purpose equally well with the larger and more thorough treatises. In no department more than in obstetrics is the young practitioner fearful of mistakes, and to one well informed in the principles of his art we know of no book which will better serve the purpose of an occasional remembrancer than the one now before us.

Books and Pamphlets Received.

A Manual of Histology. By Prof. S. Stricker, of Vienna, in co-operation with Th. Meynert, F. Von Recklinhausen, Max Schnltze, W. Waldeyer and others. Translated by Henry Power, of London; Jas. J. Putnam and J. Orne Green, of Boston; Henry C. Eno, Thos. E. Satterthwaite, E. C. Seguin, Lucius D. Bulkley, E. L. Keys and F. E. Delafield, of New York. American translation edited by Albert H. Buck, M. D. New York: Wm. Wood & Co., 1872. Buffalo: H. H. Otis.

Diseases of the Ovaries. Their Diagnosis and Treatment. By T. Spencer Wells. New York: D. Appleton & Co., 1873. Buffalo: Martin Taylor.

Clinical Lectures on Diseases Peculiar to Women. By Lombe Atthill, M. D., Univ. Dub. Second edition, revised and enlarged. Philadelphia: Lindsay & Blakiston, 1873. Buffalo: T. Butler & Son.

Operative Surgery adapted to the Living and Dead Subject. By C. F. Maunder, Surgeon to the London Hospital, etc. Second edition. Philadelphia: Lindsay & Blakiston, 1873. Buffalo: T. Butler & Son.

Fistula, Hæmorrhoids, Painful Ulcer Stricture, Prolapsus, and other Diseases of the Rectum, their Diagnosis and Treatment. By Wm. Allingham, F. R. C. S., etc., etc. Second edition, revised and enlarged. Philadelphia: Lindsay & Blakiston, 1873. Buffalo: T. Butler & Son.

A Treatise on the Theory and Practice of Obstetrics. By Wm. H. Byford, A. M., M. D. Second edition, thoroughly revised. New York: Wm. Wood & Co., 1873. Buffalo: H. H. Otis.

A Treatise on Apoplexy, Cerebral Hemorrhage, Cerebral Embolism, Cerebral Gout, Cerebral Rheumatism and Epidemic Cerebro-Spinal Meningitis. By John A. Lidell, A. M., M. D. New York: Wm. Wood & Co., 1873. Buffalo: H. H. Otis.

The Practice of Surgery. By Thomas Bryant, F. R. C. S., Surgeon to Guy Hospital. With two hundred and seven illustrations. Philadelphia: Henry C. Lea, 1873. Buffalo: T. Butler & Son.

Illustrations of the Influence of the Mind upon the Body in Health and Disease. Designed to Elucidate the Action of the Imagination. By Daniel Hack Tuke, M. D., M. R. C. P. Philadelphia: Henry C. Lea, 1873. Buffalo: T. Butler & Son.

Fœticide, or Criminal Abortion; a lecture introductory to the course on Obstetrics, University of Pennsylvania. By Hugh L. Hodge, M. D. Fourth edition. Philadelphia: Lindsay & Blakiston, 1872. Buffalo: T. Butler & Son.

Half Hour Recreations in Popular Science. Part 6. Unconscious Action of the Brain, and Epidemic Delusions. By Dr W. B. Carpenter, F. R. S. Boston: Estes & Lauriat. Buffalo: H. H. Otis.

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Original Communications.

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ART. I.—*Ten Cases of Excision of Joints; involving the Elbow, Wrist, Carpal, Phalangeal of Thumb, Hip, Knee and Tarsal Articulations.* By ALFRED T. LIVINGSTON, A. B.

A Thesis. Recommended for publication by the Faculty of the Buffalo Medical College.

The report of so many cases will necessarily occupy the full time proper to a paper of this kind, and I will therefore omit any general remarks upon the subject of Excision of Joints, except such as may be suggested in connection with each case.

I am greatly indebted to Prof. Julius F. Miner for many interesting experiences in Surgery, and I deem it but just to make this acknowledgment here, since I have seen with him all the cases I am about to relate.

Beginning with the elbow joint, on which this operation is quite frequently, and of the larger joints, most successfully made, I will relate the history of

CASE I.

Daniel Shafer, aged 26, a German laborer from the oil regions of Pennsylvania, entered the Buffalo General Hospital November 26, 1871. Five weeks previously he had received a compound fracture of the right humerus near the elbow joint.

The arm was much swollen about the joint, ankylosis almost complete and suppuration was taking place through an opening just above the inner condyle of the humerus.

Thirteen years before, the patient had a simple fracture at nearly the same situation, and since then has had partial ankylosis of the elbow joint and a false joint at seat of fracture.

Examination by means of the probe discovered a mass of rough and softened bone.

Dr. Miner operated on this patient December 9, 1871, before the class, removing about six inches of the lower end of the humerus. The incision was made along the back of the arm and the bone carefully enucleated, separating it from its periosteum as thoroughly as possible.

The ulnar and radial surfaces of the joint, presenting no sign of disease, were not removed. The dressings were warm, either water alone or a weak solution of carbolic acid in that menstruum. The process of repair progressed rapidly and on February 7, 1872, the patient was discharged, the wound being entirely healed.

It is to be regretted that, since the latter date, the patient has been lost sight of, but before leaving the hospital he had so good use of his arm that he frequently carried a pail of water in the corresponding hand. The arm shortened between two and two and one-half inches, the remaining space, formerly occupied by the bone, being filled with a cartilaginous substance. This, it was expected, would become ossified, but not knowing the whereabouts of the patient it cannot be determined.

The extent of the disease as seen after macerating the removed bone and the brief time that had elapsed since the injury, showed its progress to be very rapid and the operation most timely.

The second fracture was inter-condyloid, but how it was produced is not known.

Great care was taken, in peeling out the bone, not to injure any of the arteries that run along near its surface.

This is always to be observed and particularly in excisions of the humerus and the blade of the knife seldom used.

The periosteum should be separated from the bone, in all excisions, as completely as possible, and left intact, for on its presence depends in a great degree the reformation of osseous tissue. So much value, in fact, is put upon the preservation of the periosteum that M. Ollier claims to have demonstrated that an entire new

bone may be reformed in all particulars like the original one, even to tubercles, tuberosities, etc., provided the periosteum be preserved entire.

CASE II.—INVOLVING ELBOW AND WRIST.

Miss Nellie B., of Utica, N. Y., aged 13, previously healthy, had a violent attack of inflammatory rheumatism (?) about the first of May last; its seat being the left elbow joint.

"The attack was unusually severe—the part swollen, very red and extremely tender and painful; pulse 130 to 140 per minute; temperature 105° Fahrenheit, with characteristic sweating," &c.

Dr. Daniel P. Bissell, to whom I am indebted for the history of the patient previous to and since her visit to Buffalo, treated her with cathartics, veratrum, colchicum, alkalies, &c., and the various symptoms subsided, leaving her quite comfortable.

A few days later the left wrist was similarly, but less severely, affected. This soon disappeared and her general health was quite good.

Early in June, the same arm became inflamed about two inches below the elbow joint; suppuration followed and tolerably healthy pus was discharged until the middle of July, when she came to Buffalo to be treated by Dr. Miner.

On the twenty-eighth of July, after probing the sinus through which the discharge took place and discovering carious bone, the Doctor made an incision along the inner side of the ulna beginning at the elbow joint and, extending it downwards as he discovered the further extension of the disease, ending it only when the wrist joint was reached. About half an inch of the lower extremity of the ulna was the only portion of the entire bone that did not present the appearance of disease; and this, upon subsequent maceration separated from the shaft showing it to be the epiphysis.

Dr. Miner removed the entire ulna, separating it from its periosteum, which was left almost complete. He also removed about an inch of the lower end of the humerus and about two inches of the upper end of the radius; these portions being also diseased.

All this was done without the ligation of any vessel.

The lips of this long incision were brought together by two or three stitches and a few adhesive straps lightly or rather loosely applied. Warm water dressings were used and arm laid upon a

pillow. Two weeks from the day of the operation the patient visited Dr. Miner at his office, and a week or ten days later returned to her home.

A recent letter from Dr. Bissell informs me that there is still a small opening at the elbow from which a little pus is discharged. He "cannot find much, if any, ossific deposit in the bed of the ulna. She can flex and extend her fingers and partially rotate the hand. but does not flex the forearm without the aid of the other hand."

It will be observed that I have questioned the statement that the violent attack shortly preceding the occurrence of suppuration was inflammatory rheumatism, and I do so for this reason

Examination of the bone and portions of bones removed showed the existence of a central part, representing the original bone before disease, surrounded by a cylinder of bone of new growth varying from one-sixteenth to one-fourth of an inch in thickness. This central portion was necrosed; and the suppuration was the beginning of nature's effort to get rid of the dead and now foreign mass.

If the attack referred to be considered inflammatory rheumatism (the patient having previously been perfectly healthy and the only succeeding affection being the inflammation below the elbow, which was very quickly followed by suppuration) when shall we say this great change occurred which we have observed, viz., the death of a large amount of bone and the extensive deposit around it of new osseous material? It appears to me to be more in accordance with all the phenomena noticed to say that the attack was one of periostitis, or ostitis, or both, inducing the necrosis and deposit of new bone.

I have much faith in the final reproduction of a considerable portion of the ulna in this case, owing to the preservation of its periosteum.

This instance illustrates how rapid may be the progress of disease in bony structure, and how great an amount of such structure may be removed from a limb without destroying completely the usefulness of the limb.

CASE III.—INVOLVING THE ELBOW JOINT.

Daniel Kenan, aged six years, entered the Hospital of the Sisters of Charity January 24, 1872.

Some two years before he had been thrown from a sleigh, striking upon his left arm, bruising but not fracturing it.

Suppuration was occurring through a couple of sinuses above the elbow, and this had existed for a considerable period.

On the following day, after an examination with the probe which detected diseased bone, Dr. Miner removed, in the same manner as in Case I, the lower two-thirds of the humerus.

The articular surfaces of the ulna and radius were, here also, left in situ, no disease being apparent in them.

The little fellow progressed favorably, the incision and sinuses healed nicely and there was every indication of perfect success from the operation; but, before the poor child left the hospital he was attacked with the then prevailing epidemic, cerebro-spinal meningitis, and died from its effects.

The results, both in this and Case I, show that it is not requisite, as was supposed by the older surgeons, to remove all the surfaces of a joint when it is found necessary to remove a part of them.

The success attending each of these three cases of excision of the elbow joint gives additional proof to the already well-established value of the operation in cases of caries or necrosis involving this articulation.

CASE IV.—INVOLVING THE WRIST JOINT.

Claus Von Schlausen, aged 13, had the metacarpal bones of the ring and middle fingers crushed with considerable laceration of the soft parts covering them.

Dr. Miner was called and removed the crushed bones together with the corresponding fingers, and also the *carpal bones* of the second row corresponding with the metacarpal bones removed. The sides of the hand were pressed together, so that there should not be a wide interval between the remaining fingers, and held by stitches and adhesive straps.

Union occurred and the boy has now a useful hand.

The removal of the carpal bones mentioned, which is rather a novel idea I think, was for the purpose of allowing the more complete approximation of the bases of the remaining metacarpal bones and of thus securing a more shapely and useful hand.

CASE V.—INVOLVING THE PHALANGEAL ARTICULATION OF
THE THUMB.

Michael O'Keif, aged 45, came to the hospital, December 13, 1872, with a crushed thumb.

It was very greatly swollen, the soft parts much contused and presenting a gangrenous appearance. In almost any mind except Dr. Miner's there would have been but one decision—amputation. But the Doctor, who is notably conservative in all cases, has a decided conservative *penchant* in dealing with injuries to the thumb. He therefore retained that organ in this instance; removing only the portions of bone that were crushed and that would surely have necrosed if allowed to remain. The distal extremity of the first, and the proximal extremity of the second, phalanx were removed.

Warm water dressings were employed, and, by this means, a better circulation was induced. The thumb was saved and, though a stiff one, is immensely better than no thumb at all.

In his lectures upon amputations and excisions, Dr. Miner dwells very emphatically upon the importance of preserving the thumb; it being supplementary or opposed, in its function, to the rest of the hand. In this teaching he appears to have anticipated other surgeons.

CASE VI.—INVOLVING THE HIP JOINT.

Edward Bowles, aged 20, residing at Lancaster, N. Y., was afflicted with Morbus Coxarii on the right side.

On the invitation of Dr. Miner, I accompanied him, June 13, 1872, to the residence of the patient and assisted him in removing the head, neck and upper three inches of the shaft of the right femur.

An abundant and constant purulent discharge took place through a couple of sinuses which opened externally below Pouparts ligament.

The finger, passed through the larger of the two openings, discovered the head of the bone occupying the obturator foramen or pressing upon the surface its membrane. All the upper part of the femur was bared of periosteum and roughened by the disease.

The patient was in a very low condition—as pale, anæmic and emaciated as possible, pulse 120, and death seemed imminent, indeed, was daily expected by his friends.

The operation was made, not with any hope, on the part of the Doctor, of a cure, but, with the thought that the removal of the *cause* of so great a drain upon the system might give him relief and lengthen his life somewhat.

This operation more than sustained the prognosis as the patient survived it nearly three months. Under the circumstances it is of course no test of the value of the operation in this disease.

I ought perhaps say that this is Dr. Miner's first unsuccessful case of excision of the Hip Joint. A noticeable point in this case was the slight shock the operation gave to the system, although so greatly weakened, the symptoms after, being little, if any, more marked than before, it occurred.

CASE VII.—INVOLVING THE KNEE JOINT.

Thomas A. Cobb, aged 42, acting as special police in a saloon on Canal Street, while running after a drunken man who had committed some offense, was shot by the latter, the pistol ball entering just below the left patella and, passing into the joint, cutting a groove along the articular surface of the tibia from before backward and lodging near its posterior edge. The exact position of the ball could not be determined before the operation as it could not be felt in the popliteal space nor by the probe, passed through the opening made by the ball; but as it was clearly shown from its course that it had passed into the Joint, the question of amputation or excision was discussed and excision decided upon.

Dr. Miner performed the operation, before the class, in the Hospital of the Sisters of Charity. He made a U flap extending from the condyle of the femur on either side as far down as the attachment of the quadriceps extensor tendon to the tibia. On raising the flap the Joint was exposed and the articulating surfaces of both tibia and femur were removed. The patella was also dissected out of the flap.

The wound was left open to give free exit to pus.

There was no tendency whatever to heal exhibited by the wound

and the patient died two weeks after the operation with every indication of pyæmia.

The propriety of excision in gunshot injuries involving the knee is concurred in by Prof. Moore, in his Lectures.

During the recent civil war in this county eighteen cases of excision of this Joint occurred. Seventeen of these patients died. Previous to the war seven cases were reported, of which five died.

Prof. Hamilton thinks the average mortality following this operation in all cases to be at least 50 per cent. Other observers make it much less, as 25 to 30 per cent.

In gunshot injuries alone however the mortality is very great.

CASE VIII.—INVOLVING THE TARSAI ARTICULATIONS.

Dennis Gleason, aged 23, a native of Ireland, entered the Hospital of the Sisters of Charity on the 6th of June 1871.

About one year and a half previous to this he began having what he supposed to be rheumatism, in his right foot.

This continued until March, 1871, when inflammation occurred in the foot which was followed by suppuration.

I first saw him at one of the Surgical clinics of October, 1871. He was then extremely pale and anæmic and hardly appeared able to endure the operation proposed. There were openings on each side of the foot through which the discharge took place and, on passing the probe through these, much diseased bone was discovered.

Prof. Miner removed a considerable portion of the tarsal bones, including the scaphoid, cuboid and cuneiform bones, through openings made at either side of the foot by laying back triangular flaps. The space left by the removal of the bones has filled with a solid material, the external wounds have healed, the patient is looking and feeling quite well and but for one circumstance the result would be most satisfactory. During the process of repair, which occupied a long time, on account of low vitality of the system, the foot remained constantly in one position, viz., flexed at a little more than a right angle with the line of the leg and passive motion not having been used the ankle joint ankylosed, so that although the patient now walks about the Hospital every day, without a cane and without pain, he walks very awkwardly being obliged all the while to keep the right foot in advance of the other.

In all injuries involving or in the neighborhood of Joints, *passive motion* should be employed as early as the third week. If this is not practicable or if there is a probability that the Joint will ankylose, the limb should be given that form which, with the Joint stiff, will permit the greatest facility in locomotion.

This rule, of course, applies as well to operations as to accidental injuries.

CASE IX.—INVOLVING THE TARSAL ARTICULATIONS.

Miss Mary M—, of Suspension Bridge, New York, aged 16, received a fall in February, 1872, which produced a considerable injury to her right foot. She was carried home and since the accident has been unable to walk without the aid of crutches. The foot became much swollen and suppuration followed.

In July last she came to the Hospital of the Sisters of Charity in this city and was examined by the surgeon then in charge, who discovered necrosed bones, but advised a delay of the operation until cold weather. She returned to the hospital the last of October and on November 6th, 1872, Dr. Miner removed the bones and portions of bones which he found diseased. The operation was entirely similar to the one last described, the bones removed being the same with the addition of the proximal extremities of most of the metatarsal bones. The foot shortened about an inch and the remainder of the space, left by the removal of the bones, filled with a mass of cartilaginous consistence. The patient returned to her home during the holidays with the foot entirely healed.

CASE X.—INVOLVING THE TARSAL ARTICULATIONS.

Mrs. M—, of Sheffield, Pennsylvania, in June, 1872, by stepping upon a nail, drove it into the sole of her foot toward the outside. The result of this was caries of some of the bones of the foot.

The patient came to Buffalo to be treated by Prof. Miner, who operated upon her December 6, 1872, removing the cuboid, external cuneiform, the whole of the fifth metatarsal bone and such portions of the middle cuneiform and fourth metatarsal bones as were diseased. The wound healed nicely from the bottom and the patient was allowed to return to her home on the ninth day of January, 1873, being able to stand upon the affected side.

The last three cases described are interesting because they are operations not generally favored by surgeons, and in their design are highly conservative. For example Prof. Hamilton of New York, in his recent work on Surgery, speaks very discouragingly of excisions of the smaller tarsal bones for caries or necrosis. Of the scaphoid, he says "it is seldom the malady is presented in a sufficiently stationary form to warrant exsection;" of the cuneiform bones, he has "seen no examples of caries of these bones which would justify excision." His theory is that the disease extends by continuity along the synovial sacs which separate the bones, and so many of these smaller bones being covered more or less by the same synovial sac, disease in one of the bones will almost necessarily involve all.

The result in the cases I have related certainly does not appear to me to contra-indicate the practice of excisions in such conditions. I regret that the interval since the operations upon the last two patients is not greater, that we might, with still more complete assurance, decide upon their value. The present appearances are that they are in every respect successful; and of the value of the operation in Case VIII., there is not the least doubt.

BUFFALO, N. Y., January 15, 1873.

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ART. II.—*A Recent Suit for Malpractice.* Reviewed by W. F. HUTCHINSON, M. D., Minneapolis, Minn.

Since it has become a settled fact that juries are to regard themselves as the avowed enemies of all medical men who may be unfortunate enough to be possessors of sufficient means to make them a mark at which unscrupulous rascals may aim their thieving attempts, it is doubtless wise to collate, from time to time, the results of the various malpractice suits throughout the country, so that the unwary doctor may recognize the danger ahead early enough to avoid the annoyance of a public trial and the loss of hard-earned dollars. One of these unhappy cases has recently been tried in Minneapolis, with the usual result of heavily mulcting the innocent physicians, who have, with slender hope of justice, asked for a new trial.

The facts are these. On the sixth or seventh of February last the plaintiff, one Getchell, at that time a laborer in the pineries, one hundred miles distant, was struck upon the right forearm by a falling tree some eight inches in diameter, suffering a transverse fracture of the ulna in the lower third and a long oblique fracture of the radius, extending from the outer surface of the bone, from a point just below the tuberosity as far downwards as the middle of the middle third, on the inner aspect. The shock was sufficient to render him partially senseless for a short time, after which he was taken to the logging camp, thence to Princeton, twenty-two miles, in a sleigh, over corduroy roads—thence to Elk River, thirty-two miles, still in sleigh, and thence to Minneapolis by rail, consuming two days on the journey. At Elk River, rough splints and a bandage were applied by a lumberman, and the limb bathed with a mixture of alcohol and saltpetre. Upon arriving hence, the arm was found badly swollen and the defendants, Drs. Hill and Lindley called upon to assume charge of the case.

The plaintiff's points were:

1st. That no attempt was made to place the bones in proper position for eight days—the arm being left upon a pillow, pronated.

2d. That due care and attention was not paid the case, visits having been made at intervals of three days, at a time when excessive inflammation necessitated close watching, and

3d. That whatever attempt had been made at repair, was at the expiration of twenty days frustrated and rendered null by the manipulation of defendants and other physicians, by them summoned in council; thereby causing non union of the bone and leaving plaintiff a hopeless cripple.

The first witness for the prosecution, a homeopathic named T. R. Huntingdon, testified that he assumed charge of the case on March 20th; at which time there was firm union of the ulnar fracture, with partial union of the radial. On March 28th, the radial union was less than before and he firmly applied wide splints, placing the arm in the same semi-prone position in which he found it. Next saw the arm in July, after returning from an eastern trip, when the bones were entirely separated. Did not again treat the case. Saw nothing about the bone indicating wrong treatment.

The next witness, S. F. Hance, a former Buffalo practitioner, testified that he deemed it wrong, under any circumstances, to retain the arm in a prone position for twelve or thirteen days; that the interosseous space would thus be invaded, and danger incurred. Would put the arm in proper position for repair, no matter how great the swelling or inflammation. Gives as his opinion that the cause of non-union is that the bones were not placed in proper apposition, or that they were not properly treated afterward, the moving of the arm on the twelfth and thirteenth days, and on subsequent days disturbing the reparative process of nature, and that the bones will never unite now. Considers that the arm was placed in an improper position and generally ill-treated.

This witness was succeeded by several others, both regulars and homœopathic, whose testimony was in general accord with the above. The prosecution here rested.

Attorney-General Cornell opened for the defense with the evidence of Dr. Lindley, who testified that on the tenth of February, he first saw plaintiff in company with his partner, Dr. Hill. Found the arm so greatly swollen and inflamed as to be unable to discover the location of the fracture at all. Manipulation caused such extreme pain that no satisfactory examination could be made without chloroform, which was not at hand. Splints were lightly applied, and applications ordered to allay the inflammation. *The arm was placed in the easiest possible position, that being prone resting on a pillow.* This was deemed imperative, in view of the fact that the circulation in the arm was sluggish, as evidenced by the lividity and great enlargement of the limb. It was impossible to ascertain the location of the fracture before the twentieth of February, ten days after the first visit, and even then the examination was not perfectly satisfactory. The arm was placed in the semi-prone position at this time, which was as soon as could be borne.

Dr. N. B. Hill testified that the first visit was made on the tenth of February, in company with Dr. Lindley. That there was great swelling to double usual size and contusion of the limb, extending from the middle of the arm to the wrist, and that it was deemed best not to attempt reduction before the lines of fracture could be accurately defined. Obtained cloth for bandages from the ladies

and made splints from thin boards—applying one to inner and one to outer surface of the arm, extending from the bend of the elbow to beyond the end of the fingers. Ordered the arm to be kept in the easiest possible position, which, after repeated trials was found to be prone, resting upon a pillow. Did not regard the reduction of the fracture as at all practicable until after the swelling had been reduced, and regarded the relief of excessive inflammatory action as the most important indication. Ordered cooling lotions and absolute rest. Visited patient again on the eleventh and thirteenth. General treatment as before, except that upon the thirteenth he put on an interosseous compress. Next visit on the sixteenth; during this time there was a gradual subsidence of the swelling; he came to the office on the twentieth, when I turned the hand up into the semi-prone position, meeting no resistance and bringing the bones nearly into position, increased tightness of bandages, retaining throughout the treatment the interosseous compress. During the fourth week, found that a provisional callus had formed, strong enough to rotate the whole shaft of the radius, and that the ulna was very firmly united; put on pasteboard splint and told him to use his fingers carefully. Six days afterwards saw arm again and found bone more firmly united. Ten days thereafter, saw plaintiff in company with Dr. Goodrich, and found that the process of repair had ceased; the union was not good. Rotation of the bone gave considerable pain, and when chloroform was suggested to make the examination painless, he refused to take it and also declined to allow any further manipulation. Plaintiff called again next day, but refused to allow of any further examination: "Saying he would not be hurt any more, was not going to have his arm broken over again, and so on." The next day after this, upon the suggestion of several physicians, a consultation at St. Paul was proposed and acceded to by plaintiff; and, after such consultation had been held, he refused to permit me to carry out the ideas of the council, which was to reapply the same dressing more tightly and wait. Told him that I wished to know if he would submit to the treatment agreed upon at St. Paul or not; that it was time to decide upon something, and that I would not be responsible as a surgeon if I could not treat the arm as I wished.

He would not submit, and left the rooms, and I did not treat him afterwards.

Several other physicians testified that they were present when plaintiff refused to allow Dr. Hill to manipulate the arm, even threatening personal violence if such were done.

Dr. Murphy, of St. Paul, testified that he saw plaintiff twice in March, and advised him to allow Dr. Hill to carry out the treatment; that there was some appearance of union, and thought that a good result might still be attained. Saw nothing wrong in any part of the treatment.

Dr. S. W. Thayer, surgeon-in-chief of the Northern Pacific Railroad, testified that he had been for more than thirty years a professor of anatomy and surgery in a Vermont Medical College; that he had heard nearly all the testimony, and had carefully examined plaintiff's arm and found an ununited fracture of the radius. If called in such a case as this is described to have been, would adopt the plan followed by Dr. Hill, viz: placing the limb in the most comfortable position until inflammation was allayed. Considered the first dressing, as well as that applied on the 20th, good surgery. Placing the hand in a prone position would not retard the process of union if not left too long. Considered that, under the circumstances, twelve days was not too long. Saw no evidence that the treatment in this case in any way retarded the union of the fractured bone.

The remainder of the testimony was concurrent with the above, every witness testifying that the surgical practice was sound, and that the process of repair had been interfered with by some cause beyond the reach of the attending surgeon.

The Attorney-General, in summing up for the defense, said that his case rested wholly upon the first twelve days' treatment, and contended that nothing had been shown proving want of care or bad surgery. That the patient had in view a suit for malpractice, incited thereto by friends (?) who did not wish him to have a good arm; that, when Dr. Huntingdon assumed charge, the callus was quite firm, with every appearance of a good result, and that nine prominent surgeons of the State agree that the treatment of the

arm by Dr. Hill all the time Getchell was under his care was proper.

The attorney for the prosecution next summed up, stating his theory to be that the bones were never in apposition; that plaintiff was neglected in not being visited often enough during the first twelve days, and that the fact of so many consultations proves that the defendants knew that they were wrong. Believed that the case was established by reason of the defendants' neglect and unskillfulness.

Judge Vanderburgh then charged the jury at length. After alluding to the importance of the trial and the attention with which it had been listened to by the jury, he laid down the general principle that the plaintiff having stated his cause of action against the defendants, charging them with improper and unskillful treatment, which the defendants denied, the burden of proof was thrown on the plaintiff, the jury of course to judge as to the preponderance of evidence. He then said:

The general rule of obligation in reference to one who undertakes any office, employment, duty or trust, is that he contracts to perform it with skill, diligence and integrity.

The defendants being employed by the plaintiff as physicians and surgeons, undertook on their part that they were possessed of ordinary skill in the practice of surgery, which has been defined in the law to be such reasonable learning, skill and experience as is ordinarily possessed by others of the same profession who are in good standing as to qualifications and which reasonably qualify them to assume the responsibility of treating patients requiring surgical aid. This rule requires a proper and reasonable application. The highest skill or largest experience is not required.

Of course the defendants are required to be familiar with known rules of treatment which experience in the profession has approved as necessary in similar cases, and if an injury should result from ignorance or departure from such treatment the surgeon is responsible, unless it be made to appear also that the treatment actually adopted has also the sanction of medical men of approved skill, so that there may be reasonable ground for doubt or uncertainty as to the best mode of treatment.

2d. As to the attention, care and diligence required in the treatment employed by defendants the law requires such care and diligence as a careful and trustworthy surgeon of ordinary skill and prudence would be expected reasonably to exercise in a case of equal difficulty and importance.

3d. As to the application of the skill possessed by defendants, the law requires them to use their best skill and ability in the matter of the treatment applied, and remedies used, for the healing of the injured limb.

The foregoing in general terms embrace the terms of the defendants' obligations. Of course this responsibility rises with the importance and difficulty of any particular case. If the qualifications and treatment of this case are sufficient within the rules before stated, then the defendants are not liable, whether the result is successful or not. On the contrary, if the want of such skill or care and attention has been the procuring cause of failure to effect a cure, then the defendants are liable for such damage as naturally and necessarily results from their malpractice in the premises.

Contributory negligence on the part of the plaintiff in order to prevent a recovery must be such as relates to the original cause of action; otherwise, if existing, it goes only to the amount of damages on the question of damaging results or aggravation of the injury.

It was the duty of the plaintiff to have co-operated with the defendants in their treatment, and to conform to their prescriptions and directions, and in case he did not, or from the presence of pain could not, he cannot hold them responsible for any consequences flowing from his, the plaintiff's, neglect or omission.

If the plaintiff, before the defendants had finished their course of treatment, refused to let them proceed further in the manner which, in accordance with their best judgment, the case required, he cannot recover, unless it is affirmatively established that the subsequent non-union of the fragments of the bone is the result of some former unskillful or negligent act of the defendants.

The jury then retired, and, after three hours' deliberation, brought in a verdict of \$4,000 for plaintiff, standing eleven to one

on the first ballot. Thus ended a trial wherein the great preponderance of evidence was totally ignored by a jury who had evidently prejudged the whole matter. The animus of the people at large is well shown by the following extract from the *Evening News*, published on the day following the close of the trial, and there can be no doubt that the same sentiments animated the jurors:

"At about half-past twelve this morning, the jury appeared and reported their verdict, which gave \$4,000 damages to the plaintiff, Levi L. Getchell. The counsel for the defendants then moved for a new trial, and stay of proceedings was granted for sixty days.

"It is understood that on the first ballot the jury stood eleven to one for granting damages to the plaintiff. The jury then voted on the amount of damages to be given, and the vote resulted as follows: one for \$500, one for \$1,000, one for \$3,500, two for \$10,000, and seven for \$5,000. Afterwards a compromise was made on the vote, and the amount of \$4,000 was fixed upon as the verdict.

"The verdict seems to give general satisfaction to all but the particular class to which the defendants belong; and Mr. Getchell was noticed in the midst of a group of friends, receiving hearty congratulations. Some think that if the case is brought to trial again that the defendants will be mulcted for the whole amount claimed, instead of \$4,000; but that remains to be seen. Some of the satisfaction concerning the verdict is said to come from the fact that the defendants are well able to pay the amount of the damages, or even the whole amount claimed, and that the plaintiff is a poor man. However that may be, the public are all glad that the case is over and the verdict rendered."

This ill-feeling toward the "class to which the defendants belong" is simply the same idea which led to the robberies and murders of the Paris Commune, and which is subversive of justice everywhere. For it represents simply the jealousy and hate which unsuccessful and poor men bear those who have been, through greater industry and care, more fortunate than they in amassing wealth, which feeling may at any time overrun the slender barrier of a leather-headed jury, and make itself visible in incendiary flames, or audible in shrieks for aid from burglarized citizens.

What is it but robbery to adjudge, against all evidence, the equalization of property between the doctor and his patient? when the doctor has given his best endeavors to procure a good result, and the patient, as was proven from many sources, was refractory, refusing to submit to treatment and threatening vengeance if the arm was not made as good as new. And what shall be said of those medical men who, forgetting the tie binding them to their fellows, deliberately gave such evidence as would do them greatest harm? For they must recognize the band of fraternity, and, one day, sooner or later, when it comes their turn to stand before a jury, as come it surely will, enforced remembrance of the way in which they treated brethren in the Getchell case will surely be brought home to them. The motto:

“One for all!—all for one,”

must be the watchword for the profession, and just as often as it is neglected, whether for selfish motives or from fear of offense, just so often will the whole profession reap the punishment brought upon it by one cowardly and recreant member. Shoulder to shoulder the esprit du corps must be maintained, and woe to him who attacks us in the rear.

Nothing better, I think, can be found to close this article, already too long, than an extract from the charge of the Philadelphia Judge Thayer in the famous malpractice case against Prof. Reese, wherein the result, the jury being above the average of intelligence, was the discomfiture of the unscrupulous defendant:

“No presumption of the absence of proper skill and attention arises from the mere fact that the patient does not recover, or that a complete cure is not effected. God forbid that the law should apply any rule so rigorous and unjust to the relations and responsibilities arising out of this noble and humane profession! The medical man who is called to attend a patient, undertakes to possess such knowledge and skill as are usually and commonly possessed by educated physicians, and to apply that skill and knowledge with all due diligence and care for the benefit and advantage of the patient. If his performance comes up to that standard, he has discharged his duty, and is not responsible for the results. On the part of the patient, it is his duty to conform to the necessary

prescriptions and treatment, if they be such as a surgeon or physician of ordinary skill would adopt or sanction; and if he will not, or under the pressure of pain cannot, the surgeon or physician is not responsible for the injury resulting therefrom.

“When malpractice, or want of proper attention, is charged against a physician or surgeon, the burthen of proving it lies upon the person who alleges it. In the absence of satisfactory proof to establish such a charge, the presumption is that he was competent for the task which he undertook, and did his duty to the best of his ability. This is the rule of common sense, and the rule of the law upon this subject. The burthen of the proof, therefore, in this case, as in all similar cases, is upon the plaintiff. You are not to rush to conclusions detrimental to the reputation and interests of the defendant without competent proof. You are to decide the case by the evidence. You are sworn to give a true verdict according to the evidence. Your consciences must be satisfied by the evidence that the plaintiff's case is proved before you can be justified in giving a verdict against the defendant. And I will add that it is your duty to weigh the evidence carefully, and to decide the cause according to the weight of the evidence. * * * If, after looking over the whole case, and weighing all the evidence, and applying the rules of law regulating his responsibility, to which I referred in the commencement of my charge, you conscientiously come to the conclusion that the defendant was guilty of any negligence or want of ordinary skill and diligence, resulting in injury to the plaintiff, of course you will not hesitate to say so by your verdict. But if, on the contrary, you come to the conclusion that the plaintiff's complaint is altogether unfounded, then it concerns not only the interests of the parties in the present cause, and not only the interests of public justice, but also the established medical fame of this city (a fame established by many examples of men great and distinguished in this profession, who have here labored and died), that you put an end, so far as you can, to experiments, by unjustifiable lawsuits, against skilful, attentive and humane physicians.”

ART. III.—*Medical Society of the County of Albany, Semi-Monthly Meeting*, Feb. 25th, 1873. Reported by F. C. CURTIS, M. D. Secretary.

According to a vote of the Society, a discussion of the subject of Paracentesis of the Thorax, on which Dr. E. H. Davis read a paper at the last meeting, was the first in order.

Dr. HENRY MARCH reported eleven cases in which his father, the late Dr. Alden March, had performed the operation. In five of them he operated for the purpose of affording temporary relief only, the patients being affected with tuberculosis and cancer, of which they subsequently died. We may infer that in his opinion we are justified in operating under these circumstances. Two of the subjects were children of seven and nine years. In all the cases he used the trocar.

Dr. M. M. LAMB said that six months ago he undertook the treatment of a child who a year before had passed through an attack of Scarlatina, since which it had never been well. There had been a chronic diarrhoea and cough and emaciation. He found it wasted away, having dyspnoea and with cavities in the right lung. Some time after a tumor appeared at the fourth interspace on the right side, which proved to be a pointing abscess. He opened it with a scalpel and discharged a quantity of pus. The child now began to improve rapidly, gaining in flesh and strength. The discharge continued but grew less in amount, until it has now ceased almost entirely, and the child at the present time, three months after the opening of the abscess, is very robust although the lung is so seriously diseased.

Dr. JOSEPH BLATNER read a translation on the subject under consideration from a work of the late Professor Oppolzer of Vienna. After detailing the principles which should govern the medical treatment, he next spoke of the indications for paracentesis. It should be undertaken, he says, when the amount of the effusion, or the resulting oedema of the lungs threatens suffocation, other means, especially venesection, having been previously tried in vain. Such a condition existing, it may be performed both in chronic and acute pleurisy and also in phthisis. It is indicated when the effusion has stood for several weeks without decrease, being so large

as to obstruct absorption on account of the pressure on the blood and lymph vessels of the pleura. The dangers of allowing this condition to continue are the occurrence of a deadly swoon, wasting of the lung so that it cannot again develop itself, emphysema, phthisis, rigidity of the chest walls, etc.

When the effusion is purulent, operation is particularly indicated. On this all authorities agree, even when the effusion is a consequence of pyæmia. More especially are we called upon to open the pleural sac when the lung is perforated and we have pyopneumothorax, for here there is great danger of septic poisoning. The same is true of a confined purulent effusion causing a spontaneous generation of air.

For the operation the trocar is preferred for simple serous effusion, the canula having an arrangement to hinder the ingress of air. But if it is purulent the knife should be used and a fistula established, closure being prevented by tents or an elastic catheter. Experience teaches, in regard to the fistula, that a single puncture seldom effects a cure in empyæma, and if allowed to close a spontaneous fistula sooner or later is established. The entrance of air must necessarily ensue, but this in a purulent effusion can cause no harm if the fluid is carefully withdrawn. It should be syringed out twice daily with luke warm water to which a solution of permanganate of potash or common salt has been added. By paracentesis alone it is not possible to withdraw all the fluid, and while if this is simple serum it will generally be absorbed, if it is pus it will, even if air is excluded, give rise to fresh inflammation and effusion. In all these cases the patient must be supported with quinine and a proper diet. If paracentesis is performed for a non-purulent effusion it is recommended to take away a portion only, for these reasons: if the pressure is taken off the vessels too suddenly fresh exudation is likely to follow; experience teaches that the part that is left will be absorbed.

As to the point of operating, the walls should be pierced as a rule in the 4th or 5th interspace, in a direction forward of the axilla, unless abnormal attachment of the heart or lungs forbid. A horizontal position is preferred during the operation on account of the tendency to faint.

Dr. VAN DERVEER spoke of the method of treating empyæma by means of establishing a fistula. This is the way in which nature deals with it when it effects a cure. He spoke of eleven cases of gun shot wounds of the chest which he had seen in the army. In nine of these empyæma occurred. The pus discharged freely from one or both openings made by the ball. All but two made good recoveries. He believed that the danger, ordinarily taught and believed, of entering the cavity of the pleura or allowing air to enter it is much exaggerated.

Dr. HAILES reported a case occurring in the Hospital of empyæma following pleuro-pneumonia, for which the chest was tapped. A fistula followed which lasted for some time and finally closed, but a repetition of the symptoms called for a second tapping. The pleural cavity was then washed out with water to which a little salt and carbolic acid were added by means of a gum catheter and Davidson's syringe. He subsequently died of tuberculosis. He spoke of Dieulafoy's Aspirator which he believed would prove a valuable means in certain cases for removing these accumulations.

Dr. JAMES S. BAILEY presented a case of Lipomata or Fatty Tumors of the Abdomen with the pathological specimens. After giving a sketch of the literature of the subject, he gave a history of the case which was meagre as he never saw the patient during life. The subject, a woman aged 69 at the time of her death, began 12 years ago to experience a heavy feeling in the abdomen, as if a menstrual period was about to begin. A tumor appeared low down on the left side and grew in size slowly until it included the whole area of the abdomen; no pain attended except what might be attributed to pressure on surrounding viscera. Probably from the same cause she had irregularity in the action of the bowels, a period of constipation being followed by a watery diarrhoea. She was confined to bed for six months prior to death, failing slowly. At the autopsy the abdomen was found uniformly enlarged, projecting abruptly over the brim of the pelvis and reaching up so as to bulge out the four lower ribs. This was found on section to be due to two lipomata lying directly under the walls of the abdomen and occupying most of the cavity, having broad and slightly defined attachments at the posterior ligaments of the uterus. They weighed

respectively 15 and 22 pounds. They were covered with peritoneum by which they must have been nourished in good part as they were but slightly vascular. A sister and daughter of the subject are affected in the same way.

Dr. Bailey also reported a case of *Meningocele* which occurred in the practice of Dr. M. M. Lamb. The subject of the malformation was a male child, one of twins, and weighed eight pounds at birth. Labor was tedious but not difficult. There was a tumor one third larger than the head, emerging from the posterior fontanelle, and having a covering similar to the scalp. It was soft to the touch. Internally it was filled with sub-arachnoid fluid enclosed in the membranes of the brain. A similar case is reported and shown in the *Photographic Review of Philadelphia* for 1870—71. The child nursed well but died on the 14th day.

Dr. VAN DERVEER presented a case of Cerebral Apoplexy, remarkable for the extent of the injury which it did to the brain. The subject was a man aged about 60. He had been a fast liver and a free drinker. For a year back his life had been very sedentary.

Four days before his death, his health being up to the time as good as usual, he was taken in the night with marked symptoms of apoplexy, and never returned to consciousness.

The following is the report of the autopsy made 24 hours after death.

External appearances: Rigor mortis well marked; Body well developed; Skin tinged slightly yellow.

Abdomen: Liver somewhat enlarged, edges rounded and it was fatty. The under surface was firmly adherent to a portion of the omentum and small intestine, the gall bladder being included in the mass and entirely collapsed. Kidneys—both large, fatty and granular. The left was especially affected, the pyramids being obliterated. The bladder was empty of urine.

Thorax: The Lungs were healthy. The heart contained a small fibrinous clot in the left ventricle. Aortic and mitral valves ossified.

Encephalon: Clear serous effusion over the surface of the brain under the arachnoid. Spots of gummatous deposit were on the membrane. The vessels were congested. Brain on section firm. On the right side a large clot filled a space of a size large enough

to admit a medium sized apple. This was in the central portion of the middle lobe of the right hemisphere, extending from the lateral ventricle, which was torn into, to the surface. The left lateral ventricle also contained bloody serum but no clot. The vessels of the brain were atheromatous, the basilar artery being completely calcified. The hemorrhage was probably due to rupture of a branch of the middle cerebral artery.

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Miscellaneous.

Clinical Notes on the Electric Cautery in Uterine Surgery.

BY J. BYRNE, M. D.,

Surgeon-in-Chief to St. Mary's Hospital for Diseases of Women ; Clinical Professor of Uterine Surgery to Long Island Medical College, etc.

CASE XVII.

AMPUTATION OF CERVIX UTERI FOR HYPERTROPHY AND PROCIDENTA, RESULTING IN PERMANENT ELEVATION OF THE UTERUS.

Mrs. —, aged 35, has had five children, the youngest 3½ years, and one miscarriage about three years previous to my seeing her, which was on December 16th, 1870. Complained of severe and constant backache, bearing-down pains, leucorrhœa and vesical tenesmus. Menstruation regular, though somewhat painful, and occasionally in the intervals more or less muco-sanguineous discharge, especially after long standing or fatiguing exercise. On examination per vaginam, the uterus was found low down, immediately within the vulgar outlet, and the cervix much enlarged, irregular in form, and tender. Os tincæ sufficiently open to admit the point of finger, but not further dilatable on account of the swollen condition of surrounding tissues.

The vesical wall was dragged down to such a degree as to constitute cystocele when the patient stood erect. The finger, on being withdrawn, was covered with a sanious mucus. The speculum being now introduced, the appearance of the organ was such as might be expected, the cervix fully two and one-half inches in diameter, purplish-red, and lobulated. The sound passed to the extent of four inches, and in such a direction as to show some degree of anteversion with slight flexion; but by conjoined manipulation it was evident that the great depth of the uterus was due to the increased size of its cervix, and that there was little or no corporal hypertrophy.

After a few months' treatment, consisting principally of warm vaginal douches, ido-glycerine to cervix, a Hodge's pessary, etc.,

the uterus improved greatly, and she stopped visiting the out-door department of the hospital for some time.

January 4, 1872, she applied again for advice, and stated that her former improvement did not continue long.

Her general physical condition was now much changed for the worse, and she had several attacks of protracted menorrhagia since last seen. The depth of the uterus was four inches, and, except that the most gentle introduction of the sound caused hemorrhage from the cervicle membrane, the parts presented an appearance very similar to that first observed.

She was advised to come into hospital for operation, and did so on Feb. 2, 1872, when it was decided to remove the whole cervix close to its vaginal insertion, by galvano-cautery, and subsequently, when the parts would heal, to take away portions of the anterior vaginal wall by Dr. J. C. Nott's clamp-ecraseur.

Operation.—By means of the small cautery-knife (G) a circular fissure was made around the base of the cervix so as to form a bed for the wire-loop. The latter was next adjusted and the part to be removed securely embraced, while *slight* traction was made by means of vulsellum. (See Fig. 10.)

The battery connection being now effected, the loop was *slowly* contracted, so as to occupy not less than eight or ten minutes in passing through, thereby avoiding hemorrhage. When the cervix was lifted out the stump was found to be deeply concave; and as there was no appearance of blood, neither tampon nor other dressing was applied.

During the three days subsequent to the operation, no special treatment was needed, as the patient felt no inconvenience whatever from what had been done.

About the fourth day, which I find is the rule in such cases—a copious discharge of healthy pus began to flow, and during the ensuing week the vagina was douched twice a day with tepid water and castile soap, and at a later period with a solution of sulphate of zinc and water (3 i. to Oj.). An examination made on the 2d March (four weeks after operation) showed the parts to be entirely healed, and the surface from which the cervix had been removed, *smooth* and covered with healthy membrane.

March 9th.—The patient was placed upon the table, and anesthetized previous to operating on the anterior wall, as above stated, my friend Dr. Nott and the members of the hospital staff being present, when, to the surprise of all, the following condition of things was observed: *There was no bulging of the vesico-vaginal septum, and the uterus was with difficulty reached by the finger, as if the vaginal canal had been stretched in an upward direction. The uterus was not alone elevated, but no reasonable amount of traction, by means of a vulsellum, could move it from its lofty position.* No further operations being indicated, she was soon after discharged cured.

This remarkable degree of fixation of the uterus, following amputation of its cervix by the electric cauter, is a clinical fact worth bearing in mind, especially as neither fever, pelvic or adominal pain, nor, in fact, any other symptom indicative of inflammatory action, followed the operation. However, there cannot, I think, be a doubt but that it was due to some local inflammation of a subacute form in the areolar tissue and lymphatics of the broad ligaments, resulting in a tightening or abnormal inelasticity of the uterine supports.*

CASE XVIII.

INTRA-PELVIC FIBROID.—THIRD OPERATION ON SAME PATIENT.

The young lady whose case has already been fully given (Case XIII), having entirely recovered from the severe ordeal undergone in August last, and having suffered much of late from vesical tenesmus, occasional retention of urine, and other distressing effects of pelvic impaction, was induced to submit to a third operation on first of the present month (December). This consisted in the removal of all that part of the tumor within the lower pelvis, the presence of which was the cause of all the suffering now complained of, and the excision of which at an earlier period did not seem warrantable on account of her weak condition.

The part now referred to may therefore be considered as the stump from which the large mass was taken on the former occasion. It does not seem to have increased in size during the last three months, though its presence has become more and more painfully felt of late. The upper two-thirds of the pelvic cavity was tightly packed, but the inferior portion towards the vaginal outlet was crowded, principally on account of the globular form of the stump. The latter was perfectly smooth, and presented no appearance of having ever been an open granulating surface or being covered with cicatricial tissue.

In reflecting over the measures suggested to my mind for accomplishing its removal, either of two methods appeared practicable,—to repeat the operation first resorted to, by splitting the mass into two parts, and then looping either half; or to attempt its removal in one piece by a loop thrown around the whole circumference of the tumor.

On account of the great length of time occupied, however, not to speak of the almost insurmountable trouble and difficulties experienced on a former occasion, the first of these plans offered but little attraction; and though it seemed at first impossible to devise any means by which a smooth globular mass might be embraced by a wire noose, I decided to make the effort.

The method practised may be described as follows: A large-

* In procerdientia, where amputation of the cervix is called for, would not the introduction of a cylinder speculum after operation, and its retention for eight or ten days, insure a permanent elevation of the uterus, and provide against relapse of other parts?

sized hard rubber crotchet needle, rounded at the end, was heated and slightly bent so as to accommodate itself to the curve of the sacrum and posterior contour of the tumor.

Fig. 16.

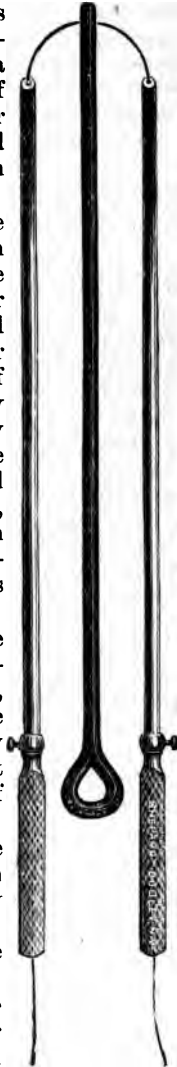
A small hole was drilled transversely near its distal extremity, and at right angles with the direction of its curve, and through which a stout platina wire was passed half its length. The free ends of the wire were now passed through two copper tubes, each 3-16ths of an inch in diameter, and eight inches long, and bent to nearly the same form as the rubber rod (Fig. 16).

An anæsthetic having been administered, and the patient placed on the left side, the two tubes with the rubber rod between were carried behind the tumor and as far up as deemed safe.* The rubber support being now entrusted to an assistant, and maintained steadily in position, one of the copper tubes was carried around half the circumference of the tumor, the wire being pushed up, piece by piece, from below, and when the centre anteriorly had been reached, was so held until the opposite half had been encircled in like manner. Two small pieces of wood, each one inch and a half in length, flat oval, and having two holes running through longitudinally for the reception of the copper conductors, were one after the other slipped up so as to unite, yet insulate the latter.

This being accomplished, the free ends of the platina wire were next passed through a modification of the loop instrument as shown in Fig. 2, and the copper conductors firmly fastened in the socket. All being now in readiness, the battery connections were made, when the heated wire cut through the rubber support and embedded itself in the substance of the tumor.**

The rubber rod was now withdrawn, and the loop *very slowly* contracted, the time occupied in cutting through the whole mass being fully thirty minutes, exclusive of necessary interruptions. There was no hemorrhage from the stump, but the vagina was tamponed as a precautionary measure.

Reaction after the operation was, in this instance also, quite satisfactory; and though her pulse for several days did not get below 110, she expressed



* Fearing that some abnormal position of the Douglas cul-de-sac might exist, the part selected for looping was some distance below the fornix vagina.

** On account of the length of wire required to encircle the tumor, two batteries were connected and used until a part of the mass was cut through, after which one was found sufficient.

herself as feeling very comfortable and free from abdominal pain or tenderness. The vaginal dressings were removed on the third day, the parts well bathed and with tepid soap and water; to which was added carbolic acid. Copious discharges of healthy pus now appeared, the vagina was douched several times a day, she enjoyed and retained her nourishment and stimulants, and everything progressed favorably up to the night of the 10th, nine and a half days after the operation. On that night the weather suddenly became intensely cold, and being nervously apprehensive that urine might accumulate in the bladder so as to require the use of a catheter, she persisted in getting out of bed a number of times to pass water.

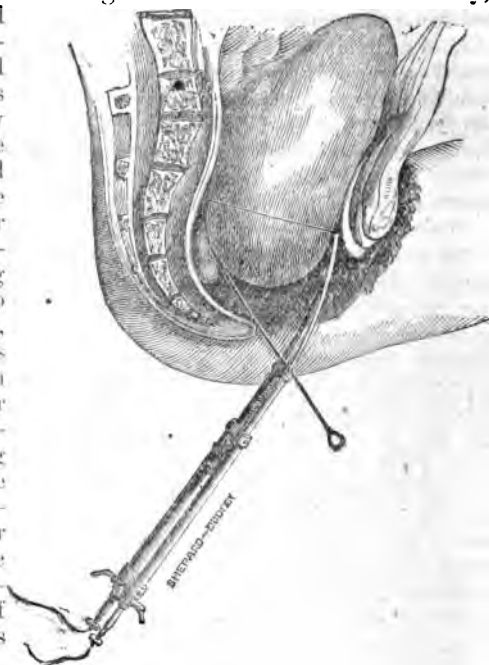


Fig. 17.

At an early hour of the morning of the 11th, Dr. Schapps saw her, was told she had several chills, and recognized well-marked symptoms of incipient tetanus. This condition of things rapidly became worse, and though every means at our command was promptly applied and persevered in, no amelioration of her spasms was effected thereby, and she died at four A. M. on the 14th.

Autopsy.—An incision was made from the ensiform cartilage to the symphysis pubis, and the integuments dissected from the latter preparatory to its removal. This being effected, a careful inspection of the abdominal and pelvic contents *in situ* was thus afforded. There was almost a total absence of adhesions, or any evidence of recent or remote peritoneal inflammation. The ovaries were small and shrivelled, but healthy, and the tubes, with their peritoneal attachments, were free and in other respects normal.

The utero-ovarian plexus of veins on right side was in a varicose condition, and one fully as large as the jugular issued from the outer circumference of this varix, and passed directly upward to a point opposite the gall-bladder, where it entered the ascending cava. The fundus uteri was cupshaped, as if partially inverted;

the bladder was healthy; and the peritoneal surfaces all over remarkably pale and free from lymph deposits. The anterior vaginal wall, of which the uterus seemed to be a continuation, was next slit up to within an inch and a half of the fundus, when the partial inversion referred to became still more manifest, and was exactly central, each tubal opening being the lateral boundary of the depressed part.

*The tumor was now found to be not interstitial, but connected to the uterus by two separate attachments: one, the pedicle proper, springing from the right wall below the Fallopian opening, in diameter about two inches, and short: the other covering a great portion of the opposite side, and extending down the cervix to its junction with the vagina.**

This latter connection was evidently secondary, and the result of inflammatory action at some remote period. The vaginal surface of the tumor, from which a part had been excised, was covered with healthy granulations and the healing process remarkably far advanced considering the short time that had elapsed since the operation. The post mortem tumor was not weighed, but appears to be not quite twice the size of that removed by the last operation.

As this paper has already far exceeded its proposed limits, and for other equally cogent reasons, my history of cases must close for the present. I have purposely endeavored to confine my remarks to a plain statement of such facts and occurrences as seemed to have a bearing on the value of the electric cautery in uterine surgery, including a description of the apparatus and instruments required, and rules for their practical application.

It is possible that the discursive manner in which my reports of cases and operations are given may be considered too inexact and disjointed; but I would state, in explanation, that this paper is written less with a view to instruct students than for the information it may convey to active members of the profession; so that the dry daily record and minute details of cases, however useful and necessary to the one class, would be neither attractive nor profitable to the other.

Independently of this feature, however, I am fully aware that my clinical report, as a whole, is neither so full, nor by any means so complete, as could be wished; because, in addition to certain diseased conditions and operations therein described, and which in reality constitute but one-fourth of the whole number observed, there are many others of great practical interest that might also be related did time and other circumstances permit.

Prominent among the latter might be mentioned chronic catarrhal, inflammatory, and ulcerated states of the intra-cervical mucous membrane—as a class, the acknowledged approbrium of gynecological surgery, but yielding readily and in most instances

* This adhesion of the tumor to the left side of the uterus, undoubtedly resulted from the first attempt made at enucleation in September, 18 9.

to one application of the electric cauterizer.* Nor indeed does recourse to such radical measures for these obstinate ailments demand the use of any anæsthetic; for patients have repeatedly declared that no more suffering attends or follows such treatment than is observed when any active topical application is made. So also in regard to inflamed and granular states of the urethral membrane, always a source of intense suffering to the patient, and, so far as my own experience goes, but rarely even alleviated by the most judicious methods of treatment ordinarily employed.

Yet these painful affections also, when not seriously complicated with vesical lesions, have, in several instances lately met with, disappeared no less rapidly by the same proceeding.†

I regret that, on these points, nothing beyond this mere reference to the facts can be ventured at the present time; but an early opportunity may be taken to submit some clinical illustrations of what may be reasonably hoped for in such cases.

With regard to the value of galvano-cautery as a means of excising epitheliomatous outgrowths from the uterus, I think sufficient clinical material has been presented to demonstrate, beyond all reasonable doubt, its great superiority over every other mode at our command.

My reports also indicate pretty conclusively the boldness and freedom with which we may, by this agent, safely encounter disease, however intimately connected with vital parts, the security it affords against hemorrhage, and, what appears to me of even more consequence, the very remarkable immunity it would seem almost to guarantee against peritonitis, cellulitis, pyæmia, and other fatal sequelæ of intra-pelvic operations otherwise effected.

As to the curability of canceroid diseases of the uterus by such radical measures as I have adopted and described, or the degree of permanency thereof reasonably to be hoped for, I have but little to add to the remarks already embodied in my reports. The statistics are, perhaps, as yet too limited, and, in most of my cases, the time that has elapsed since operative treatment is insufficient to warrant any very decided opinion one way or other.

It may not be presuming too much to say, however, that, judging from the apparently complete restoration to health in the great majority of patients so treated, though the condition of some was in the highest degree discouraging at the outset, I cannot hesitate to believe firmly that their ultimate history will warrant the most favorable conclusions in this regard. However, should future observation and more mature experience tend to

* In order to make such applications properly, the cervical cavity should be first well dried out by means of compressed sponge or cotton. The cervical cauterizer should then be introduced as far as may be judged proper, and while cold. The battery is next to be immersed, and during cauterization the instrument should be rolled half round and back, so that the parts may be equally and well brought under its influence.

† A similar proceeding to that advised for cauterization of the cervical canal should be adopted. The bladder must be completely emptied, and the urethra dried by cotton before introducing the instrument. An anæsthetic is indispensable in these urethral cases.

dispel these hopes, and though cases now so full of promise should be found hereafter to have relapsed, it would nevertheless be some consolation to reflect that, in addition to having been instrumental in procuring respite from a painful malady, in no single instance had life been jeopardized by efforts made in behalf of these sufferers. Indeed, this latter remark is substantially applicable to some of the most hopeless forms of carcinoma when treated by galvano-cautery, as may be inferred from a perusal of case XII., and which is but one of several instances met with; for, out of thirteen such cases operated upon, ten were beyond all doubt greatly relieved; and though three only were not improved, none were made worse.

The examples of carcinomatous disease of the uterus, either detailed or referred to in this paper, include nearly every variety described or met with, whether as regards their stage of development, the distinctive characters of their primary elements, or the tissues implicated. Hence it is needless to observe that, so far as the manifestly incurable cases were concerned, the parts involved or removed, the amount of relief afforded, and especially the extent to which life seemed thereby prolonged, varied in proportion to circumstances.

As to those of a less grave nature, they too, as may naturally be presumed, were of different forms and degrees of development, and consequently the steps and limits of operations proportionately varied.

Considering, therefore, all the facts observed in thirty operations, their subsequent progress, and inferences naturally deducible therefrom, the conclusion seems obvious that the electric cautery, when properly employed, is attended with less danger, immediate or remote, and promises better results than can be claimed for any other method of surgical treatment yet devised for such ailments.

It would be interesting, and perhaps profitable, to notice some important points touching the distinctive morbid features characteristic of each case or group; but having neither space nor desire to indulge in pathological hair-splitting or the discussion of questions irrelevant to the subject under consideration, what has been already said must suffice for the present, and may be accepted as a resume of my opinions and convictions. Before disposing of this section of my paper, however, and in conformity with its aim and spirit, I would venture to submit, for the guidance of others, the following aphorisms pertinent to the operative management of this class of cases:

1. In all cases of induration, destructive ulceration, and outgrowths of the cervix uteri of a malignant nature, or believed to be so, and therefore warranting excision by galvano-cautery or other means, such operations should never be limited to the apparent line of demarcation between sound and healthy tissue, but

must include the whole vaginal cervix at least, and even more if need be. (See Case I.)

2. When the shape of a part to be excised is such that a loop cannot be made to embrace it, a circular furrow for the reception of the wire may first be made by the cautery knife.

3. The wire-loop, knife, or other instrument should never be brought to a white heat when passing through superficial tissues or cellular growths. (See Cases XVI. and XVII.)

4. Traction on the part to be excised should be carefully avoided until the wire has passed well into the submucous structures.

5. The contraction of the loop should in all cases be very slow and gradual, *yet interrupted*, so as to insure a thorough cauterization of each stratum as passed through.

6. Towards the close of such operations, and as the circle of wire becomes small, let the amount of electricity be proportionately lessened.

7. Apply the knife to the spot intended to be cut *before heating*; and, if possible, be always provided with a duplicate of this little instrument.

8. Shun the use of persulphate of iron as a utero-vaginal styptic dressing, when possible, and, should any such agent be needed, substitute solutions of alum, or acetic acid, dilute or strong, as circumstances may warrant.

The history of a very remarkable case of fibroid tumor has been described at such length, and the three operations undertaken for its removal in part so fully detailed, that but little need be said in addition to what is contained in the reports.

If, up to this time, proof has been wanting to convince the skeptical, and all who, on purely theoretical grounds, denounce certain forms of galvanic apparatus, because, as they say, their action is not sufficiently constant, these three operations amply furnish it. Others, too, who may have imagined, heretofore, that the galvanic cautery in surgical practice must necessarily be limited to small epitheliomatous or pedunculated tumors, fistulous openings, and birth-marks, will find for the first time how much wider its range of applicability may be extended.

That a highly vascular mass, fifteen inches in circumference, and situated within the pelvic cavity, has been successfully cut through and removed without loss of blood or subsequent inflammatory complications, is a circumstance in the history of galvanocautery as suggestive as it is worthy of record.

The unfortunate occurrence that brought about a fatal issue in this case after the third operation, namely, exposure to cold, however deeply to be regretted, has nothing whatever to do with the merits of the operation, because up to the time of this accidental misfortune the patient was in a much better condition, and promised a more rapid recovery than at a like period after either of the two previous operations.

The report of an operation for the removal of an intra-uterine sessile fibroid (Case XIV.), exemplifies another and I believe a safer means than that of enucleation, by which the removal of these tumors may sometimes be effected.

Avulsion or enucleation of intra-uterine fibroids is admittedly a hazardous, and at best a most difficult undertaking, because, though encouraging results have occasionally attended the efforts of some surgeons in this direction, the operation is one from which those who are best qualified to appreciate its dangers and difficulties will be most apt to shrink.

I am not aware that any successful attempt has been heretofore made to sever the connection of such an intra-uterine growth as that described in my case, by means of the electric cautery; and though the proceedings therein adopted may be found impracticable in some instances, a persevering effort, when it is deemed possible, would, I think, in a conservative sense, be proper and advisable.

The interest that attaches to the case of fibrous polypus springing from the fundus uteri (Case XV.) is due more to the diagnostic lesson it conveys than to the means by which its removal was effected; because an error in diagnosis, regarding its real point of departure from the uterus, would in all probability have been fatal to the patient. When this tumor was exhibited at a meeting of the New York Obstetrical Society, two examples of this fatal error, in cases precisely similar, were related—one as having occurred in the clinic of Professor Scanzoni within the last two years, and the other in the practice of a prominent New York surgeon. In both cases the fundus uteri, being mistaken for the base of the pedicle, was extirpated, and the patient died in consequence.

Dr. Graily Hewitt,* referring to this subject, says: "When the polypus has a large basis of attachment, the fundus may be so drawn downwards that what appears to us to be the pedicle of the polypus is really the uterus itself. A specimen was not long ago exhibited at the Pathological Society, and referred to Dr. Marion Sims, Dr. John Ogle, and myself for examination, in which such a tumor had been excised, and a circular piece, comprising the fundus uteri, had been removed with it."

I have thought proper, also, to introduce another example of polypus (Case XVI.), the clinical features of which are no less peculiar and instructive than that last referred to. However, as certain inferences deducible from what was noticed in this case have been suggested elsewhere, and important principles, applicable to galvano-cautery, based on facts then observed, have been defined in aphorisms 3 and 4, no further remarks seem called for on the subject.

* *Diseases of Women*, first American from second London Edition, page 529.

Casa XVII. presents some interesting points for reflection, a few of which have already been glanced at in the report. I think this, as well as other similar cases met with, go far towards establishing a fact in the clinical history of such ailments, as well as certain principles applicable to their management, of great practical value.

Thus, however successful Dr. James Henry Bennett and others who accept his pathology and therapeutics of inflammatory and congestive uterine diseases, may have been in "melting down" voluminous cervixes by potassa cum calce and other corrosive substances, the most thorough, and by no means superficial, destruction of such parts by the electric cautery, and subsequent copious purulent discharges, cannot be relied on as a remedy for nutritive hypertrophy of the cervix uteri. Moreover, I feel justified in concluding, from my own observation, that amputation of the cervix by galvano-cautery, as compared with local depletion, caustics, and escharotics, offers the quickest, safest, most painless, and by far the most successful treatment for this very numerous class of cases. Whether the explanation already given in regard to the elevated position and immobility of the uterus noticed in this case, is the correct one, or likely to aid us in establishing some principle for our future guidance, will, of course, depend on further experience and the opinion of others.

This much, however, I may add: the circumstance, though probably noticed by others before, appeared so novel to me that I could not well avoid recording it, and the explanation and inferences are offered for what they may be deemed worth.*

In concluding this brief summary of my clinical experience in galvano-cautery I would simply remark that those who confine their appreciation of this invaluable agent in uterine surgery to its blood-saving properties, omit to take into consideration its most attractive and important attributes. These consist, first of all, in the peculiar manner in which this hæmostatic effect is produced on the vessels, and which I surmise is in no way analogous to that effected by ligature, torsion, ecrasement, or styptics. Secondly, as there is no disorganized blood-clots or other effete material to become absorbed into the circulation, blood-poisonings, as I have before observed, need not be apprehended as a sequel of cautery observations.

In other words, it would appear that not only are the blood-vessels securely sealed up, but the lymphatics as well, and hence the immunity from hæmatoxic and inflammatory complications.—*Medical Record.*

* There is a patient at present under treatment in St Mary's Hospital for vesical and uterine prolapse, and whose future condition will serve to throw some light on these interesting points.

Correspondence.

Oneida County Medical Society.

To the Editor of the Buffalo Medical and Surgical Journal.

MY DEAR DOCTOR.—In the February number of your Journal, at page 279, under the head of "Editorial," you have done great injustice to us, "Doctors" of the Oneida County Medical Society, and to the society itself. You have most bitterly censured a large, active and regular society for what two or three members attempted to do, but ignobly failed in the attempt.

In "Editorial," you say, (which assertion has not one *molecule* of truth in it) "the Oneida County Medical Society sends us a circular with resolutions, proposing to the profession" certain changes in our organization and code of ethics, which are "too absurd for discussion." (I am free to admit that no sane medical man who justly regards the honor, the integrity and usefulness of the medical profession, could for a moment dream of asking for any such change as the one proposed.)

You also say, (what would have been well said if the facts in the case had been such as you had been led to believe,) "the Governor should be asked to appoint a commission of experts, on insanity, to inquire into the mental equilibrium of Oneida County Doctors," for the purpose of keeping them on the "level."

Mr. Editor, this slander of the "Oneida County Medical Society" is wholly without excuse or palliation—and I here submit, (by way of parenthesis,) that if a commission of lunacy is to be appointed (and I think one should be) that such commission should be instructed to inquire into the *mental* and *moral* condition of those who have *coined* and *circulated* a base slander against a regular and *old school* medical society. Certainly we have neither said nor done anything which should cast a shadow upon our professional "equilibrium."

The following are the facts, and all the facts in the case.

At the semi-annual meeting of the Oneida County Medical Society, held in the city of Rome on the second Tuesday of January,

1873, Dr. E. Hutchinson of Utica, secretary of our County Medical Society, offered the resolutions which were sent to you, and I presume to many others. After discussion, said resolutions were laid upon the table by an almost unanimous vote; two or three only favoring their adoption.

I was not present at the Rome meeting of our society, but am authorized by those members who did attend that meeting, to make this statement.

The "Circular," to which you refer in your editorial, is a bogus production, calculated and designed to injure and degrade our old and steadfast society. It is no more the expression of our society than the resolutions and speech of Dr. C. B. Coventry on the same subject, presented to the State Medical Society at its annual session in February, 1872, was the expression of our State Society. (See "Transactions" of 1872, pages 44, 5, 6 and 7.)

Both fell, as they should have done, still born—mere abortions.

And now, my dear doctor, in view of the facts in the case, and the errors into which some one has misled you, please make the *amende honorable* in your next issue, and thereby vindicate the Oneida County Medical Society, one of the most regular, active and "level" in the State, from the unjust charges of disloyalty, want of "mental equilibrium" and professional integrity.

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Editorial.

COMMENCEMENT EXERCISES OF THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF BUFFALO.—The Twenty-Seventh Annual Commencement exercises of this Institution were held at St. James Hall, Tuesday Evening, February, 25th. The Hall was filled by friends of the Graduates and of the Institution. On account of the illness of the Chancellor, Hon. Millard Fillmore, the degrees were conferred by Prof. JAMES P. WHITE, M. D., President of the Council. The following is a list of the Graduates.

William Francis Hutchinson, Minnesota; Eugene Henry Howard, New York; Ambrose Kasson, New York; Joseph Fowler, New York; Clarence Romanzo Seeley, New York; Warren Stewart, New York; John Walter Swanson, New York; Frank Elijah Dewey, New York; Frank Champlin Clarke, New York; John Hugh Van Kleeck, New York; Orrin I. Hall, New York; Henry Alfred Bishop, New York; Orrin Carlton Shaw, New York;

Nathan Cook, New York; Allan Augustus Stevens, Jr., New York; Comfort Edson Peck, New York; Morris Alanson Millard, Pennsylvania; Rollin Thomas Rolph, Pennsylvania; Harry Rocine Nettleton, New York; Emery M. Cheney, New York; John J. Morgan, New York; Derrick V. Crossmire, Pennsylvania; Benjamin A. Fuller, New York; Francis Augustus Burghardt, New York; William Hadley Slacer, New York; Charles Albert Greene, New York; John Charles Bump, New York; James Alfred Barringer, New York; Andrew Jackson, New Jersey; Egbert George, Pennsylvania; Alfred Tennyson Livingston, A. B., Pennsylvania; Thomas Charles Wilson, New York; DeWitt Clinton Hunter, M. D., New York; Lamarr V. Knapp, Pennsylvania; Charles Henry Johnson, New York; Daniel A. Bailey, New York; Andrew Bresee Stevens, New York; Alonzo Van Allen, Ontario; James A. Williams, Michigan; George Gamble Brush, Pennsylvania.

The address to the Graduating Class was delivered by Prof. J. F. MINER.

The Faculty and Curators recommended the Thesis of ALFRED T. LIVINGSTON, A. B., upon Ten Cases of Excision of Joints, for publication, and we have the pleasure of presenting it to our readers in this issue. The exercises were pleasantly varied by music, and every thing passed off in a pleasant and agreeable manner.

American Medical Association.

The Twenty-fourth Annual Session of the American Medical Association will be held at St. Louis, Mo., May 6th, 1873. The usual committees are expected to report, and many interesting papers will no doubt be presented to the Association. It is to be hoped that none of the disturbing elements of former meetings will be brought up, but that the approaching session will be conducted with that dignity and propriety which should mark all scientific Associations.

The question of a change in the character of the association and in the manner of conducting its meetings has been agitated during the past year, and our brother editors of the *Boston Medical and Surgical Journal*, *The Medical Record*, and *The Chicago Medical Examiner*, have advanced some excellent ideas which if acted on would cause the American Medical Association to be looked upon as a truly scientific body, while in the past some of its meetings have had more of the character of a political caucus.

The following amendments are to be acted upon :

(TO CONSTITUTION)

Resolved, That the United States Marine Hospital Service be placed in the same relative position in the American Medical Association as the Medical Departments of the United States Army and Navy.

And that, in paragraph 2, of the 2d section, after the words "army and navy," the words "and the United States Marine Hospital Service" be inserted.

(TO BY-LAWS.)

SECT. III.—*Standing Committees.*

That, instead of a report on Medical Education, on Medical Literature and

Climatology and Epidemic Diseases, there shall be annually delivered before the Association at its general meetings, an address in Medicine, an address in Surgery, and an address in Midwifery, or the Diseases of Children, the lecturers to be appointed this year by the President; afterwards by the Committee on Nominations.

Also, in section 6, after the words, "the chiefs of the bureaus of the army and navy," be inserted "and the supervising surgeon of the United States Marine Hospital Service."

We shall endeavor to make arrangements whereby we can give our readers in the May Journal a report of the meeting.

Secretaries of all Medical Organization are requested to forward lists of their Delegates, as soon as elected, to the Permanent Secretary, Dr. Wm. B. ATKINSON, Philadelphia, Pa.

OBITUARY.—We have to record the death on February 23d, of Dr. URIAH G. BIGELOW, of Albany, N. Y. Dr. Bigelow was one of the prominent physicians of Albany, and was loved and respected by all. At the time of his death he was fifty-one years of age, and had been an invalid for some time. He was a permanent member of the New York State Medical Society and was connected with the Albany Medical College. Dr. Bigelow occupied a high position in the profession and his death will be a loss to the Medical profession of Albany and of the State.

ONEIDA COUNTY MEDICAL SOCIETY.—We present to our readers in this number of the Journal a letter from a member of the Oneida County Medical Society, which, we think, will clearly explain the position of the Society and its opinion in regard to consulting with "all legally qualified physicians." The circular sent us had all the appearance of an official document, and on hasty reading we formed the opinion that the resolutions had the sanction of the Society. We are glad, however, to have the error corrected, and to have the action of the Society fully explained.

ELECTRICAL INSTRUMENTS.—In the interest which has recently been aroused in regard to the therapeutic uses, of electricity the general inquiry has been where shall I get a suitable instrument. The general desire has been to possess an instrument which was not so complicated as to be continually getting out of order and yet was capable of producing the desired effect.

The Galvano-Faradic Manufacturing Company of New York offer for sale Electro-Magnetic Machines, which for beauty of construction, and promptness of action are unsurpassed. These machines are provided with all the modern improvements, and are durable, light and portable. The currents produced by these machines are perfectly under the control of the operator and can be applied

to the most delicate organizations without producing the disagreeable feeling which so often attends the use of electricity. We have been using one of these machines for some time and have been uniformly pleased with its action.

The Galvanic and Galvano-Caustic Batteries manufactured by this Company are models of excellent workmanship. We have had two or three occasions to use their Galvanic Battery, and were pleased at the perfect control which we had over the current, being enabled at will to make it stronger or weaker.

These machines are so constructed that it is not necessary to remove the fluid from the cells when transporting the instruments, it being perfectly confined within the cells. Several of these instruments are in use in this locality, and we have always heard them spoken of in the highest terms.

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Books Reviewed.

A Manual of Histology. By Prof. S. Stricker, in co-operation with Th. Meynert, F. Von Recklinghausen, Max Schultz, W. Waldeyer and others. Translated by Henry Power, of London; Jas. J. Putnam and J. Orne Green, of Boston; Henry C. Eno, Thomas E. Satterthwaite, Edward C. Seguin, Lucius D. Bulkley, Edward L. Keyes and Francis E. Delafield, of New York. Edited by ALBERT H. BUCK, Assistant Aural Surgeon to the New York Eye and Ear Infirmary. With 431 Illustrations. New York: Wm. Wood & Co., 1872. Buffalo: H. H. Otis.

The subject of Histology is daily attracting more and more attention from American minds, and what has for some time been one of the practical departments of European, and especially of German medical education, is, we are happy to see, being introduced into the medical schools of this country. The student of Histology has labored under many difficulties in the pursuit of his calling, one of the most embarrassing being the lack of a suitable text book or manual. He has had to content himself with what little information he could gain by hard labor from the more advanced treatises intended for practical workers in the science, and could only ascertain the state of information in regard to any particular branch by careful and tiresome research among the scattered monographs which had been published upon the subject. In many departments he was compelled to rely wholly upon himself, and was often led into mistaken conclusions, which may, in a measure, account for the diversity of opinions held on some subjects by histologists. The large and complete manual before us is published under the general supervision of Prof. Stricker, whose reputation as a microscopist is well known to every professional man. Assisted by some of the most noted observers of Europe, he

has produced a manual in every way a credit to his name. With contributions from so many pens, the style of the work would, from a necessity, be diversified; this, however, adds rather than detracts from its value, as it enables the reader to observe and compare the different modes of observing facts adopted by the writers.

Of the English translation the first four hundred and six pages are the work of Mr. Henry Power, of London, the balance of the work being performed by American physicians. The subject matter is carefully arranged under the supervision of Dr. Albert H. Buck, of New York. The work is divided into thirty-eight chapters, to which have been added two supplemental articles. Of these, but two chapters and the introduction are from the pen of Prof. Stricker himself; the introduction treating of the general methods of investigation, the other chapters treating of the general character of Nerve Cells, (Chap. I.) and Development of Simple Tissues, (Chap. XXXVIII.) All the articles, however, have passed under the general supervision of Prof. Stricker, and may, as a general thing, be taken to represent the present state of knowledge concerning their several subjects. The illustrations are all that could be asked to explain the text, and are sufficiently numerous. The type is clear and the book is gotten up in a style which reflects credit upon authors, translators and publishers. No student of histology need now give up the study for want of a text book, the manual of Stricker supplies all, or nearly all that he needs.

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Books and Pamphlets Received.

Medical and Surgical History of the War of the Rebellion. Prepared in accordance with Acts of Congress, under the direction of Surgeon General Joseph K. Barnes, U. S. A. Part first, two volumes. Vol. I, Medical, Vol. II, Surgical. Washington: Government Printing Office.

The Science and Art of Surgery. Being a treatise on Surgical Injuries, Diseases and Operations. By John Eric Erichsen, Senior Surgeon to University College Hospital, and Holme, Professor of Clinical Surgery in University College, London. New edition, enlarged and carefully revised by the author. Philadelphia: Henry C. Lea, 1873. Buffalo: T Butler & Son.

The Pharmacopœia of the United States of America. Fifth Decennial Revision. By authority of the Medical Convention for Revising the Pharmacopœia, held at Washington, A. D., 1870. Philadelphia: J. B. Lippincott & Co., 1873. Buffalo: H. H. Otis.

Principes De Biologie Appliqués a la Médecine par le Doctuer Ch. Girard. Paris: J. B. Bailliere et Fils, 1872. Received through Wm. Wesley, Agent Smithsonian Institution, London.

BUFFALO
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VOL XII.

APRIL, 1873.

No. 9

Original Communications.

ART. I.—*Clinical experiences in private practice. The Realien**
of a case of so called phlegmonous erysipelas, or moist gangrene.
By Z. COLLINS McELROY, M. D., Zanesville, Ohio.

Reported to Muskingum County Medical Society, at its session in the City of Zanesville, Ohio,
February 6th, 1873.

B. W., aged 70, weight 170, height 5 8½; a well preserved, and well provided for man in every respect. Has been for many years a leading business man in our city; known to all of us for his rather extraordinary activity, as he could be seen almost any day on our streets; sometimes in a saddle, sometimes in a carriage, but more frequently on foot, and that without much regard to the weather. Always absorbed in business, threading his way through the streets without often stopping to recognize acquaintances. In common with the bulk of our population he shared to some extent in the disturbances of organic structures, during later December and early January, from what was facetiously called "the Epizoty," but was not incapacitated for his daily routine of business, which he attended to personally, and without interruption, to the close of Wednesday, January 15th, 1873.

I noticed him on the bridge late Wednesday afternoon, and saw that his gait was unusually slow; and that his legs appeared to be too heavy for him to lift them easily in walking. He went to his

* A course of studies in the public schools of Prussia is designated "REALIEN," which may be translated "Realities," things as opposed to mere names.

residence rather earlier than usual that evening, undressed himself, and went to bed, saying he was very tired, and felt sore all over. He did not speak of having had a chill, and the family did not notice anything specially unusual. About 5 o'clock, P. M., I placed a thermometer in his axilla, and when it had settled it marked $107\frac{1}{2}$ °. I turned to Mrs. W. and said, "this means business." My attention was immediately turned to his chest, as it seemed to me he must have so called Pneumonia. I found some dullness low down on the right side, and the respiratory sounds were changed, indicating that a less volume of air than naturally was admitted in the act of breathing. In fact, that repair of structure, as it wastes in the performance of function, was partially, if not wholly arrested; and that existing structure was somewhat modified, as evidenced by modified function. The blood arriving there was unable to pass through this modified structure at physiological velocities; was detained, decreasing the area of the air tubes and vesicles, constituting the initial phenomena of so called pneumonia. The pulse did not correspond with the temperature, being only about 110, with moderate force and fulness, breathing 21 per minute.

The condition of things thus made known, was, to my mind, of a very grave character. Repair of structure, at the velocity of motion made known by the temperature, was simply impossible; and any remains of undigested food in stomach, or intestines, would undergo ordinary decomposition if retained, and its products add still further to the embarrassments of patients condition.

Therefore, he is to take a table spoonful Syr. Ipecac, with a tumbler water as hot as he can drink it after each dose; and the doses of Ipecac to be repeated every twenty minutes till he has vomited. When stomach has settled, to have four compound Cath. Pills, U. S. P. to move his bowels. To have, also, poultice of flax seed meal, one twelfth mustard, over right lung. No food to night. May have tumbler milk after bowels move.

I left my patient with a sense of oppression on my mind as to his condition.

Thursday morning, January 16th, $8\frac{1}{2}$ o'clock. Patient has had a restless night. Vomited, but less than

able. Has had one good motion from bowels, of a very offensive character. Temperature dropped down to 102°; pulse about 90, not accurately counted; breathing 22. Has some cough, but it is not troublesome. Complains of being very tired, and more or less stiff and sore all over.

His condition is manifestly better, but his pulse is very feeble, and is easily obliterated, though there is a good volume in the artery.

He is to take to day thirty drops Tinct. Digitalis, six grains Quinia S. every six hours. May have lemonade, solution chlorate potassa, (teaspoonful to pint water), as drinks; plain water sometimes if he desires it, food and milk punch.

5 O'clock P. M. Patient has not set up to day, only to have towel bath, his clothing changed and bed made. Has taken medicine and considerable bread and milk, but does not like sol. chlorate potassa. Does not feel any better of his weakness. Temperature 103, pulse 110, respirations 22.

To have to night, fifteen grains Dovers powder, and solution chloral hydrat, in ten grain doses in addition, sufficient to get a good nights sleep. Milk punch if he is awake.

Friday morning, January 17th, 8 o'clock. Mrs. W. says her husband did not sleep good, complained of pain over left eye about one o'clock in the morning. She had laid down beside him, and had the gas turned down, and did not turn it up but gave him another dose of chloral, after which he became more quiet and dozed off till 5 o'clock, when she turned the gas on, and discovered his left eye much swollen. It is now the size of half a hen's egg; cuticle gone on upper lid, and the surface apparently raw, with some matter oozing from the inner canthus. Skin somewhat raised over temporal muscle, and slightly so on forehead. Vision was shut out from left eye. Right eye lid not much swollen, but perceptibly thicker. Complains that his head aches, and wants to know when it will get better. Temperature 103, pulse 115, resp. 22. Face as a whole perceptibly enlarged, as if seen through a magnifying glass.

Recognizing the gravity of my patients condition, I prescribed

℞i. Crys. Carbolic Acid, ʒiiss, to be applied to swollen

parts with brush, and soft clothes, in small pieces, placed on them, and kept wet with the carbolic glycerole. Tinct. Ferri Mur. gtt. xv, and Quinia Sulph. gr. vj, every three hours. To have beef steak, beef essence, milk punch, and plain milk, all he can be induced to take, without reference to regular meals. All this went into effect in half an hour.

2 O'clock P. M. Swelling apparently not extending; more matter oozing from inner corner of the eye. Temperature, pulse, and breathing, as in the morning. Has directed his business as usual to-day, had some business friends to call on him in addition. Continue treatment.

8 O'clock P. M. Has talked business all afternoon; made a will, and had it destroyed again; directs his business as in health. Would not allow cloths to remain on his face; but it was painted with the glycerole a number of times. Left eye lid more swollen. Face generally larger; more tumefaction about the forehead, though no fluctuation beneath integuments. Left ear quite large, and red; redness extends to neck on left side. Right side not red, and not much, if any, swollen. Right eye lid larger, though vision not shut out. Temperature 104, pulse 110, respiration 24. Pneumonic symptoms not prominent; no farther extension of dullness can be detected; and not much cough. Has taken largely of milk to-day; prefers it to anything else; had considerable beef essence, and has had medicine punctually. Complains that his head hurts him. Gas to burn all night, and he is not to be unobserved by wakeful eyes at any time during the night. As his bowels have not moved for 48 hours, and the temperature has been much above natural all that time, he is to have a wine glass full Sol. Saline Sulphates* in a tumbler water when he asks for a drink of water, at almost any time during the night. Continue other treatment as during the day, if he is awake. Not to be waked for anything if he sleeps. Chloral and Dovers powder, as last night, to procure sleep.

Saturday morning January 18th, 8 o'clock. Patient did not sleep much last night; dozed many short naps. Had a motion from bowels late in the night. Right eye closed by enlargement of lid;

* Buffalo Medical and Surgical Journal, May 1872, p. 370.

he is therefore blind. Was asleep much of the time between six and eight o'clock this morning. When he ascertained the time, he demanded to have the foremen of his business brought to him, to give them instructions for the day; and would not do anything else till they came, and he had told them what to do. Temperature 103; pulse and respiration as last evening. Left eye lid and ear covered with diphtheritic exudation. Intellect clear; hearing good. Except the extension of the swelling in the right eye lids, he seems to be holding his own. He is to have food more systematically than yesterday; same medicine punctually as yesterday. To be asked to pass water every six hours, if he does not do so of his own accord.

2 O'clock P. M. Much as at morning visit. Business friends have been with him all morning, talking business, and receiving instructions what to do in case he should not recover. Continue treatment.

8 O'clock P. M. Temperature 104, pulse and respirations as at last visit. Business friends have been with him all afternoon, one of them requested Mrs. W. to mention to me that cranberry poultices were a sure cure for erysipelas. Wanted them applied, whether or no, in my absence; but they were not put on. There has been some extension of the puffiness under scalp; and there is matter oozing from the left ear; otherwise he seems to be holding his own.

To have the gas burn, and watchers all night; to have Dovers powder and Chloral Hydrat to procure rest and sleep. Food and medicine if awake, as during the day.

Sabbath morning, January 19th, 8 o'clock. Patient has passed another restless night, has passively delirious part of the time. Face and scalp enormously swollen this morning. The entire scalp seems lifted from its attachments to the cranium; and the crackling sound on pressure announces the pressure of gas beneath—Emphysema, so called. Neck, as well as face, also, greatly enlarged. Temperature 103, pulse 120, respirations 36 per minute, rapidly running up to 60, two hours later.

A consultation was held at 9 o'clock A. M. I proposed some incisions in the scalp with a view of giving exit to the effusion be-

neath it; and one was made just below the eye brow of the left eye, but little or nothing escaped, and no other made. The crackling beneath the scalp, told but too plainly that ordinary putrefactive decomposition was at work, and its products, liquid and gaseous, were confined beneath the integument. In the consultation no other treatment was recommended than that he was getting, but the application of cranberry poultices to the face and scalp, more to satisfy friends, than any hope or expectation of benefit. The cranberries were softened by heat, and applied at 10 o'clock, in gauze bags. In a quarter of an hour after their application all circulation in scalp and face ceased. The poultices were removed, and hot applications made to the face and scalp, with the purpose of re-establishing the circulation. At the end of two hours they were discontinued, without the end having been accomplished. The patient begged to be let alone, and beyond giving him water, nothing more was attempted, and he expired about 3 o'clock P. M.

The profession calls this a case of Erysipelas, phlegmonous erysipelas; and it will appear as such in our Slender Mortuary records at the cemetery. And the people, taught by the profession, will also call it erysipelas. And in so far as the name leads to conceptions of a something not natural to the body, or foreign to it, having brought about the modifications of structured forms to which this particular name or term is applied, it is misleading. Nor were the pathological conditions limited to the face, scalp, and neck, as evidenced by the temperature of the body in the axilla.

In looking over a translation of the curriculum of study in the public school of the new German Empire, recently, I found one course of studies named "REALIEN." The translator, in a foot note, says, there is no english word which exactly reproduces the original; but that it means realities of things disconnected from the names, or terms by which they are known. Without any details as to what is taught as Realien in the Prussian public schools, I cannot give its scope, but I nevertheless think the purpose of teaching the realities of things, separate from their names, a valuable advance in the course of studies in public schools in any country.

It seems to me that medicine sorely needs the *Realien*. The world has outgrown its ponderous technicalities, and minute classifications, which ought now to be abandoned, or have interpreters of their *Realien*. No other department of human knowledge is now so encumbered. The schisms in its ranks, and the numerous sects into which it is divided, who go before their fellow men with the acknowledged catalogue of "diseases" in one hand; and the still more numerous catalogue of "drugs and medicines" for their cure in the other, asking their fellow men to test their skill, is a humiliating spectacle indeed. The honor and dignity of the regular profession, as well as the good of their fellow men, alike concur in showing the necessity for a speedy reconstruction of its elementary branches on *REALIEN*.

The case just reported I consider to have been one of more than ordinary interest, studied, as it should be, on its facts, its *realien*, and not upon its name, or nosology.

After the demise of Mr. W., Mrs. W. recalled to her memory that a number of days before he came to his bed he asked her several times why his left eye and forehead were so tender? and why little pains would dart through them? and further, why his face smarted when he came to the fire? In reply, she thinks she told him it was owing to the cold weather, and that it would soon be well, and so dismissed the matter from her mind. In scanning him critically after he came to his bed I certainly did not notice any special changes in the integuments which so suddenly gave way on Friday morning, January 17th. But they did not give way without adequate cause, and it is for myself, as a student of the phenomena of life, their *REALIEN*, to obtain a satisfactory solution to the problem offered by his case.

I may remark that the cause, or causes which give rise to, and maintain life, those that disturb it; and those that terminate it, are to be looked for just where life is found; among the forces, materials, and conditions surrounding living beings.

The condition of the weather, that is, the earth's forces, during the preceeding month, and in fact since the close of last autumn, has been exceptionally peculiar in most respects. The mean temperature has been lower than for many years past; and the fluctua-

tions of temperature have been sudden and violent in the extreme, sometimes amounting to 50° Fah. in 24 hours. About the first of January several members of Mrs. W's family were taken sick. They called it the Epizootic; but the facts were that the exposed structures of the mouth, nose, and lungs, were so modified that their rate of waste was greater than their rate of repair, as evidenced by modified functions; and that these modifications were not confined to them, the elevation of the temperature of the whole body, was conclusive evidence. His eldest daughter, after a chill had, what they called "Nueralgia of the face," and was confined to bed an entire week; the temperature reaching 104° at one time. One after another the remaining members of the family were, in many respects, similarly sick, and none of them had wholly recovered when Mr. W. died.

Then, coming to Mr. W. his habits and mode of life throw much light on the phenomena of his case. A horse, kept for his personal service, died early in December with the Epizootic. And as all the horses in the city and adjoining country were sick, he could not buy one, or hire one, and so, had to walk all the time, and in all conditions of weather, to transact his large and scattered business. Thus, every monday morning he left home at peep of day, and aimed to visit every grocer in the city with whom he had dealings, settle for last week's business, and be at home at or before 11 o'clock in the morning. He had so much business, and attended to so much of it personally, that he was much exposed. And he was by no means the most careful man about his own protection against cold and wet. He had, it is true, everything to live with, or could get it, but did not think any extra care of his own person necessary; and, therefore, seldom took any. He required his family to use their wraps and over shoes, but did not attend to himself.

It is, to my mind, conclusively shown by the events preceding, and succeeding, his brief, and last illness, that his face had been partially frozen a number of times, but not sufficiently so unhappily as to demand immediate attention for, in that case, I think it among the possibilities, that he would now be among us living; but sufficiently so to modify, to some extent, the molecular arrangement of the material of his structure about the exposed parts of his face,

not sufficient at any one time to suspend function, but to impair it. Repair in normal molecular arrangement was certainly retarded and modified, if not arrested. And their reproduction in normal molecular arrangement was not fully provided for in their acts of functional decay.* The excessively high temperature of the whole body disclosed by the thermometer, Wednesday evening, January 15th, announced some coming, and grave mischief, in his structures. An examination of his lungs makes known the arrest of repair there, and resulting modification of structure.

Thursday morning, in consequence, to some extent, perhaps of the better conditions of life surrounding him—in doors, and bed—his downward progress is, apparently, retarded, even seeming better, though his soft pulse indicated decreasing power to carry on the circulation; and to increase which, by advancing the rate of repair in structure, the *Digitatis*, *Quinia* and milk punch, &c., were given. But the story was very brief, for Friday morning discloses the fact, though not at that moment required, that putrefactive decomposition had commenced in his eye lids, and beneath adjoining integuments. Nor was his progress downward rapid on Friday—apparently stayed, again, possibly, by the remedial measures employed, and an extension of ordinary decay is visible in the swelling of left ear, right eye lids, and lips, Saturday morning. During Saturday progress again apparently stayed; but Sabbath morning reveals his moribund condition, and death in the afternoon.

Does the term *Erysipelas*, or phlegmonous *Erysipelas*, or even moist gangrene, convey any proper conception of the *Realien* of his case? I think not.

On the outside, here were occurring just such pathological changes in structure, as take place in occluded cavities; as the cranium chest and abdomen, as demonstrated by autopsies within reach of inspection and study by unassisted vision. What were they? Not irritation; not inflammation;—the fiery god of pathology—not *erysipelas*; not phlegmonous *erysipelas*; not moist gangrene, but there was a speedy—rapid—return of the materials of structure from their complex condition in living flesh, to their ordinary states—simpler chemical conditions—in inorganic nature,

* See Buffalo Medical and Surgical Journal, July 1871, p. 449.

by what is known as putrefactive decomposition, just such as would have occurred two or three days after death by violence in a July temperature of 90°.

True, there was what is called irritation, inflammation, diphtheritic exudation, erysipelas, phlegmonous erysipelas, moist gangrene, or sphacelus, as they are called, all open to study, by the naked eye. But they are not *Realien*. What was transpiring, and had already transpired, in Mr. W's structures, more prominently about the face, scalp, and neck, was the rapid descent of matter from its chemical complexity in living structures, through various chemical mutations, to its ordinary, and simpler chemical conditions, in inorganic nature. That it seems to me is the *Realien*.

The apparently living structures perform no function, and do not in the act of decay provide for their own reproduction in natural structural arrangement from new material. The more unstable structures under the denser integuments give way first, and the liquid and gaseous products of decay are confined beneath them, giving rise to the what is called Emphysema; and to give exit to which incisions were proposed, one made, and as nothing escaped, gave warning, which was heeded, to make no more.

Did the treatment instituted in Mr. W's case do any good? Possibly it may have delayed the close of life, but even this is doubtful. It was, it is true, such as experience has shown to be followed by the best attainable results; but in the present case, any good results, are, at least, involved in doubt. And with the light which retrospection adds to our studies of such phenomena, I do not now see how it could have been bettered. True, remedial agents were prescribed, not with a view of *curing* my case, but to retard motion of matter, and direct force towards the reproduction, and repair of wasting structures, from new material; and to give exit to effete matter from his body. It has afforded me a very interesting study, such as was never before presented, since I began to look at, and study things, outside of names—THEIR REALIEN.

ART. II.—*Medical Society of the County of Albany.—Semi-Monthly Meeting, March 12th, 1873.*

Reported by F. C. CURTIS, M. D., Secretary.

The name of Dr. G. A. Jones was proposed for membership and referred to the board of censors.

Dr. S. H. FREEMAN read a paper on *Laryngitis*. This, he said, is not the slight inflammation or congestion of the mucous surface of the larynx which is the common attendant upon a simple cold, but an inflammation involving also the sub-mucous tissue, causing engorgement and serous effusion. It is happily of rare occurrence for it is one of the most distressing diseases incident to humanity, and generally proves fatal. Dyspnoea and dysphagia are produced, the patient generally dying of asphyxia unless relieved by active medication or tracheotomy. Cases ending fatally in seven hours from the onset are recorded. It is a disease of robust, adult life almost exclusively.

The treatment of a case recently occurring in his practice had been, first the application of leeches and fomentations to the throat, together with the administration of slightly nauseating doses of antimony and lobelia. Then cantharidal collodion was applied freely over the region of the larynx, all of which seemed to prepare the way for that which gave the patient the greatest relief, viz. the careful and persistent inhalation of the vapor of boiling water.

Dr. FOWLER approved of the use of steam in these cases. He applied it by filling the room with it by means of kettles of boiling water.

Dr. STEVENS said, that having occasion recently to make local application of steam to an ear, he had done so by conducting the steam through a rubber tube, from a vessel of hot water to a common syringe, by means of which it was directed into the ear.

Dr. CURTIS reported, in connection with the subject, a case in which hot steam was accidentally inhaled from a teakettle by a child, producing œdema and inflammation of the air-passages. At the time of the injury little harm seemed to have been done, the child being easily pacified. But three or four hours after breathing began to be difficult, the voice hoarse and febrile action set in.

When seen about five hours after the inhalation breathing was labored and loud, there was aphonia, the skin was suffused, with rapid pulse and hot surface. *Ædema* of the glottis could be readily distinguished, two hard tumors as large as the end of the finger being felt below the epiglottis. In such a condition tracheotomy or scarifying the *œdematous* points suggest themselves. In this case no operative interference was proposed, on account of the probable extent of the injury and the low condition of the child. The treatment directed was the application of hot stupes to the throat and chest, and filling the room with the vapor of warm water. She died about 24 hours after the injury, more apparently from depression of the system, or shock, than from dyspnoea.

There was presented also a tube of hard rubber, with a proper curve for passing into the trachea. This was seen to meet with success in the hands of Dr. Wiederhofer at the Children's Hospital in Vienna, in cases of true croup. After being passed through the rima glottidis the breathing became more easy; and more by passing a feather, trimmed nearly to its tip, through the tube, considerable false membrane was entangled and removed.

Dr. FOWLER reported a case of Gangreen of the leg occurring in the course of a hemiplegia. The subject had taken opium to excess for ten years, and was also a habitual drinker. In December 187 he was paralyzed in the left side. Nothing unusual occurred until January 10th 1873, when the left foot began to swell, and on the 28th gangreen appeared, spreading gradually until the whole foot and lower part of the leg was involved. His general condition was good until February 18th, when convulsions occurred and two days later he died.

Dr. McNAUGHTON mentioned a case in which gangreen followed paralysis of the right arm, in the case of a man who had always been healthy excepting a sub-acute rheumatism, the heart being sound. Paralysis of the limb came on suddenly without apparent cause, following severe pain of the part, and gangreen occurred in a few days. It proceeded rapidly up the arm until a line of demarcation formed above the elbow. The arm was amputated and the patient recovered. It was supposed that destruction of vitality was due to paralysis. It was noted at the operation that blood

flowed from cut arteries in a steady stream as from a vein.

Dr. STEVENS expressed the opinion that gangreen in this case might have been produced by the supply of blood being cut off on account of calcareous degeneration of the arteries.

Dr. J. P. BOYD, Jr., made a report of the autopsy of the late Dr. U. G. Bigelow. Various organs were found in a condition of disease, the most peculiar being a marked diminution in calibre of the intestines in sections. The duodenum was constricted and adherent to the pancreas; the ileum was small throughout, and the descending colon was also reduced in size to near the sigmoid flexure where it was dilated. He thought these contractions of the intestines could be accounted for by hypertrophy of the cellular tissue which was found microscopically; there were no marks of constrictions, and no ulcerations anywhere.

During life Dr. Bigelow suffered much from pain in the abdomen and had been troubled with disturbance of the alimentary canal. He had always been in delicate health, from the time of his entering the profession.

Dr. VAN DERVEER said that he had seen a similar condition in one case only. This person had been troubled for years with obstinate constipation, to relieve which he used enemata habitually. On the morning of the day he died, the enema had been followed by pain which anodynes did not relieve. Post mortem examination showed the intestines, especially the colon, to be of very small calibre in sections, but with no bands of constriction. The cause of death was rupture of the heart.

A report by Dr. STONEHOUSE of "five cases in which the hæmostatic properties of ergotine were tested" was read by the secretary. The drug was administered hypodermically, eight drops being used of a solution of half a drachm to a drachm of water. Two of these were cases of hæmoptisis, one of metrorrhoea, one was renal and one puerperal. In all excepting the last bleeding ceased on its exhibition.

Dr. CRAIG said that this use of the drug was discussed at the late meeting of the State Society and was not spoken favorably of, as in the experience of some severe abscesses had followed its

Dr. BOYD said that he has seen it used at Breslau three times a day, in a case of uterine fibroid and no abscess had formed.

SEMI-MONTHLY MEETING, March 26th, 1873.

The Society met at the city building at the usual hour. Dr. Van Derveer, President in the chair.

Dr. C. S. HOYT, Secretary of the Board of Public Charities, addressed the Society on the subject of the care of the Insane.

As to the number of insane people in the country, the census report has not been reliable, which has been shown by the census of insane taken in two or three instances by boards of public charities. It was found in 1871, by Dr. Hoyt, that the total number of insane in this State was 6,775. Of these 1,582 were in the custody of friends, 1,093 in State institutions, 312 in private institutions, 3,552 in city and county poor houses, and 161 in institutions in other States.

In Albany county the number of insane is 223, or 1 to 551 inhabitants, a larger proportion than any other county except Oneida, New York and Kings. Of these, 66 are in the county poor house and 105 in State institutions, the rest being scattered in private institutions, or to other States, or retained in the custody of friends. It has been a matter of interest to find how many have become insane during the year. There have been 761 recoveries and 502 deaths among the insane of the State. By deduction from the total number of insane, it is found that 1,678 new cases of insanity have occurred, or 1 to every 2,612 population.

The circumstances under which the insane have recovered is largely in favor of hospital treatment. Of 761 recoveries, only 43 were of those under the care of friends. It was urged on physicians to send insane patients as soon as possible to the asylum, and also to try and remove the prejudice existing against these institutions, which is largely due to lack of information. The charges that have been made from time to time are, for the most part, unfounded. Those against Bloomingdale are shown to have been entirely malicious. The hope of recovery diminishes as time advances, a large proportion of recoveries being within a year.

It was urged that this county could take care of its insane best by building an asylum of its own, and that it would be more economical. It costs from \$20 to \$35 to transport patients to distant institutions, which sums would pay the interest on the cost of building. There are now 66 insane in the county poor house because of lack of accommodation elsewhere, and they ought not to be deprived of advantages which the others enjoy; epileptics, too, are a dangerous class to have at large, and for them there is no public provision. He thought that the cost of maintaining 250 patients would be about \$3 a week, in an institution having a large vegetable farm attached. This is what is paid by the county for patients at the Willard asylum.

Mr. HOXSIE, overseer of the poor, said that we have 102 patients in the Willard asylum, and 50 or 60 whom he would be glad to send there if there was room. A number of supposed hopelessly insane sent to Willard asylum, when first established, had been returned cured. He spoke highly of the care given there. The Supervisors of this county decided not to build an asylum on account of the expense, but they had appropriated \$35,000 for this year's care, the largest sum ever set apart. We shall never have a less number, and it would not take many sums of this amount to erect a home asylum. It might, too, be made renumerative by taking from other counties. The accommodations in the State asylums are entirely insufficient, as shown by the fact that they are crowded, and many patients are now in other States, or in the custody of friends.

Dr. JAMES S. BAILEY reported a case of poisoning by aniline. A workman in the employ of the Aniline Company undertook, contrary to the advice of the foreman, to open an iron cask containing aniline oil and arsenious acid. Gas, formed by the intense summer heat, was liberated, and being inhaled caused asphyxia. He was carried home in an insensible condition, which continued for fourteen hours. When seen he had a slow pulse, dilated pupils and cool surface. He was prostrated for two weeks by a bronchial affection, caused by the irritation which the gas produced in the air passages, but made a good recovery. In 1868 Professor Wirtz of Paris, while demonstrating the properties of aniline as a color-

ing matter to a class, having inhaled the fumes, fell senseless and immediately expired.

Dr. Bailey also reported the history and post mortem of a case of rupture of the œsophagus near the stomach, causing death in twenty-four hours, substances swallowed passing into the cavity of the chest. The accident was probably due to a violent fit of vomiting. The lesion in a sound œsophagus is a rare one. Opolzer reports having seen but one case.

Dr. VAN DERVEER presented a case of Pyelitis. The history was brief as the patient had been seen only once during life. He was 45 years of age and a sailor by occupation, having been exposed to great hardships from boyhood. He had been treated for six months at the different dispensaries in the city. The symptoms presented were nausea, vomiting, pain in the lumbar region, difficulty in urinating, with a frequent desire to do so night and day, though but little was passed at a time. Respiration was frequent and labored. The urine had a thick whitish appearance and on examination was found to contain one third albumen and pus in abundance.

Post mortem. The body was much emaciated. There were strong pleuritic adhesions over the entire surface of both lungs, evidently of long standing. The lung tissue was healthy. Heart normal.

The liver was somewhat enlarged, pale, and having a fatty appearance. The peritoneal coat when torn up brings along a portion of the substance of the gland, giving the surface of the liver a coarse, granular look. It was friable. Gall bladder full and the opening of the ductus communis choledochus into the duodenum well marked and distinct.

The Spleen, pancreas and alimentary canal were normal.

Kidneys: The right was firmly held in the lumbar region by adhesive inflammation of the surrounding cellular tissue, and it was removed with difficulty. It was large and fluctuated distinctly. It weighed 12 ounces. The capsule was firmly adherent. The ureter was very much enlarged and thickened. When cut across near the bladder a purulent fluid escaped. On laying the kidney open pus flowed freely from the medullary portion. The tubular

portion was completely occupied by from 12 to 15 distinct abscesses, and these seem to have destroyed particularly the pyramids, occupying their places. There was a well defined wall existing between the most of the abscesses, all of them having their exit toward the pelvis of the kidney. There was not a well defined pyramid left and but a small portion of the cortical substance.

The left kidney was easily removed. It was large and of a pale rose color. It weighed 7 ounces, being $6\frac{1}{4}$ inches in length, $3\frac{1}{2}$ in width and 2 in thickness. The capsule was easily removed, the surface under it being coarse and granular. Laying open the kidney the pyramids were well defined, but the organ on section was coarse and granular. In consistence it was soft and paler than normal. Microscopical examination of it, by Dr. Blatner, showed a diffuse, cellular hyperplasia of the connective tissue near the convoluted urinary tubuli and the malpighian corpuscles. There were numberless young cells and some oil globules perceptible. The malpighian corpuscles were also somewhat shriveled.

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ART. III.—*Electricity as a Therapeutic Agent.* By G. W. FRION, M. D., Surgeon South Brooklyn Dispensary.

What is Electricity? The name is derived from the Greek and refers to its bright shining power. It was first noticed among the ancients in the substance called amber. It is not a fluid and certainly not matter of any kind. Science has decided the question and revealed that electricity is a state into which any matter may be put; but has yet to define the exact nature of that state.

Sir Isaac Newton, in his optics says, "Bodies act one upon another by the attraction of gravity, magnetism and electricity; and it is not improbable that there may be more attractive powers." It is quite evident from this that he had nothing to offer concerning this agency, but vague conjecture.

The speed of electricity is almost incalculable, and no known velocity on this planet can be compared to it, being 200,000 miles per second, and would take less than a second to pass twice around the world.

As late as 1790 electricity was scarcely known, except among a few savants and men of fashion, such as the Abbie Nablet, Dufay, and others. They taught the doctrine that all objects including the human body, could give out sparks of fire, and compared it to lightning. About the same time an Italian professor of anatomy, Galvani, while experimenting with frogs, taught that the muscles and nerves of animals were reservoirs of the electrical fluid, but only accounted for nerves and muscles, and believed the metallic circuit as only accessory. He knew nothing of what is known as the return shock; and his defects have been realized, and proven of great use to scientific posterity. In one of his experiments, he suspended a skinned frog from his iron balcony by a copper wire, and was very much astonished to see the muscles of the dead body contract violently; the sky at the time being very clear. Alexandra Volta was cotemporary with Galvani, and had many long and exciting controversies, and was the discoverer of the Voltaic Pile in 1800. His theory of electricity was attributed to the contact of two different metals conjoined with animal tissues. 1831-2 Michael Faraday made known to the world his discovery of inductive electricity, which changed the whole course of electrical therapeutics. And on this new theory electric machines were constructed, that were more convenient and reliable than the old Voltaic pile. There are many varieties of batteries now in use in this country, and almost every instrument-maker has adopted some peculiar plan. In the city of New York, The Galvano-Faradic Co., and Dr. Jerome Kidder, stand pre-eminent for their excellent machines. Dr. Kidder uses Smee's elements in conjunction with his apparatus. Whatever be the battery employed, it is necessary to combine several elements, say the zinc pole of the first in connection with the copper, and so on to the last element. Smee's element is economical, convenient and very clean; consisting of a plate of platinum between two plates of zinc which must be immersed in a solution of sulphuric acid and water.

The quantity of electricity generated by any machine is proportioned to the amount of chemical action taking place, as intensity or tension, and is that power that enables it to overcome resistance that may impede the progress of the current, and is now divided

into three divisions, viz: Franklinic Galvanic and Faradaic electricity. It is quite common to hear of Faradisation continued current, etc., and there are many persons who have but an imperfect idea of these terms. Fifty years ago it was the fashion to use a machine, either a plate or cylinder of glass, which by rapid friction, produced a peculiar electrical disturbance, the result of which you collect on an insulated brass conductor, and is known as static electricity or Franklinic, named I suppose in honor of our great Franklin, who made many discoveries in this peculiar agency.

There are many modifications and improvements now used, and I have now in use one manufactured by Breton & Brothers, of Paris. Franklinic electricity when used in the form of spark, will produce a stinging sensation, and can be made quite powerful. The galvanic or continuous currents are of two sensations, the lesser current is thrilling and a penetrating sensation, while the other may be increased in intensity in proportion to the chemical force employed, and at the positive pole a copper wire may be kept for any length of time at white heat. A distinguished practitioner of Brooklyn, Dr. Byrne, has invented a most powerful electric cautery battery, which is well adapted to uterine surgery.

At one time the French and German Schools had long and angry discussions regarding the comparative value of these two systems. Among the disciples of Duchenne, they had a preference for the Faradaic, and the Germans, under Remak, the galvanic, while in England and America, both are used, and are applicable each in its peculiar way. Now if muscular contraction is required it is only necessary to induce rapid interruption of the Faradaic current, and is best appreciated in a general electrization. So too the efficiency of the galvanic current is most remarkably seen when applied to the galvanic cautery. To produce the energetic caustic effect of the galvanic current, it is necessary to use such elements as may generate a quantity of electricity and combine them in such a way that the quantity produced shall be very large. With this current blood circulating in the living body as well as that which has been taken out, may be readily coagulated; another feature peculiar to this tissues, is, the acid passes to the positive, and the alkalies to

the negative poles, and it has been proven, that the red corpuscles are dissolved at the negative poles. The remarkable tonic effect of both the galvanic and the faradic currents prove that it is essential to vitality, and when the system is depressed or impaired, can be supplied by electricity. Not only does it exist in the animal tissues, but also in the vegetable; and it has been ascertained by Dome, De Boise Raymond and others, that in apples and pears the current flows from the peduncle to the bud, and in fruit with large seed as the peaches and plums, from the bud to the peduncle. Says Dr. Wislizenus in a paper before the academy of medicine at St. Louis,—electricity has two daily tides, the high tide, between 9 and 12 A. M., and 6 and 9 P. M. The low tides between 2 and 5 P. M., and 1 and 5 A. M. The annual variations are as marked as the diurnal, and that it is most in excess in winter than summer. So in a storm you have a negative electricity and many persons will tell you that their corns or rheumatic pains are as susceptible as a barometer. In conclusion I will say that electricity has become one of the most powerful as well as useful agents we possess in the diagnosis and treatment of diseased humanity, and may become mischievous if injudiciously or improperly used.

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ART. IV.—*Use of Placental Forceps through the Speculum.* By
H. SEAMAN, M. D., Millport, N. Y.

As the older writers on obstetrics failed to give us much information about the treatment in case a portion of the placenta remained, or was retained in the uterus after abortions, but rather advised trusting such cases to nature, we have been left to grope our way in the dark, aided only by the sense of feeling.

One of our later writers, Churchill on midwifery says: "If the fœtus alone be expelled, we may wait a while, (if no flooding occurs) to see if the uterine efforts will detach the secundines; if not perhaps we may be able to reach the lower portion of them with our finger, and gradually withdraw them; if this fails, we may frequently succeed with ergot of rye. But there are many cases in which none of these plans will succeed. Are we then to leave the case to nature? We know that after a time the shell of the

ovum will putrify, dissolve, and be discharged; but experience too often proves, that this process involves considerable danger; danger of hemorrhage first, and afterwards of uterine phlebitis, and with regard to the danger of phlebitis from absorption of a putrid ovum, it is sufficiently eminent to warrant interference, if we are called early enough." And he further adds, "The French recommend a pair of long thin forceps with which the ovum is to be seized and removed; But against such an instrument there lies this serious objection, that we cannot be certain of not injuring the uterus unless we introduce the fore-finger also." Now it is most evident that if this serious objection could be so easily overcome by simply introducing the fore-finger it would be no objection at all. The finger serves only as a guide to the point of the forcep, and when it reaches the os, and we attempt to open the instrument, we are lost as to the situation of one blade. And I trust it may be safely asserted, that no cautious practitioner ever felt perfect indemnity from inquiring the uterus when attempting to use the placental forceps, aided only by the sense of touch. This has been my experience, and it has nearly deterred me from the use of that instrument; and it is to be feared that in bolder hands, it has too often, done irreparable injury.

Is there then any method by which the placental forceps can be used with perfect safety? I think there is; and although the suggestion I am about to make, may not be new to others, it is original with me, and I have failed to find it mentioned in medical journals or books, nor to have heard from the mouths of our brethren. The thought arose in the treatment of the following case, which occurred Sept. 1st, 1872.

Mrs. P., about three months advanced in pregnancy, was taken with labour pains, attended with considerable hemorrhage. I was soon called in, and found the fœtus expelled, with the membranes entire, holding the liquor amnii in the sack, and a small portion of the placenta attached. I removed the clots, and found the bleeding had nearly ceased. I then examined the mouth of the womb and found it contracted to about half an inch, but could not decide definitely, how much of the placenta had been expelled. The pains had ceased. I stayed some time with the patient, and as there

was no return of pain, I ordered ergot every four hours, and left, with a promise to call next day, and in the mean time, if any unfavourable symptoms occurred, requested to be called immediately. Sixteen hours after I saw the patient again, and found her comfortable. Each dose of ergot had caused severe pain, but failed to expel anything from the womb. But there had been a little florid discharge from the vagina. The third day the patient was still comfortable.

On the fourth day I was called in haste, and found the woman alarmed from an uneasy sensation which she called a falling down of the womb. This feeling was probably caused by a small portion of placenta lodged in the vagina and an aching pain in the uterus. After removing this portion of placenta, it became apparent that there was still more in the uterus, which could not be brought away with the fingers, and the use of other means seemed necessary. The mention of using forceps, created much alarm in the mind of the patient, and although the introduction was guided by the finger, the moment the instrument was felt in the vagina, she would complain of pain before its point reached the uterus; and such were her fears, that the effort was abandoned.

The thought now occurred, that the mouth of the womb could be reached with forceps through the tube of a speculum; the mention of which at once allayed the fears of the patient.

The speculum was introduced, the os brought fairly to view, and cautiously dilated with the forceps, the retained portion of placenta was readily grasped by the instrument through the tube of the speculum, and with a few gentle rotary movements, detached and brought away.

The operation required but little time, causing no fear, and little pain, and in a few days the patient was well.

From my experience I have come to the conclusion that the most safe and reliable method of using the placental forceps, is through the tube of a speculum, and that in this way it can always be used with the utmost safety and assurance in any case where its use may be necessary.

ART. V.—*Decision in a Suit of Malpractice*. State of New York. Court of Appeals. Carpenter vs. Blake, Dec. 1872. ALLEN, Judge.

It was a manifest error and prejudicial to the defendant, to charge that it was immaterial whether the defendant was, or was not reputed to be, or was, or was not, a skillful Surgeon. This was one of the material issues in the Case. If he had not competent skill, he was censurable for holding himself out to the public as possessing that skill, and the jury would properly hold him strictly accountable for the consequences of his acts.

He would not be entitled to the benefits, which would enure to the skillful Surgeon from an error of judgment, or mistake in the appliances and means at command of the expert. Not having skill or experience he could have no reasons, and could exercise no discretion, or choose between different methods, and having adopted a process, which was not successful, the exclusion of one which might, or probably would have proved successful, he cannot fall back for protection upon that which will serve as a shield to the skilled operator, that having skill and knowledge to choose between two or more courses of treatment, in the exercise of his judgment and with knowledge of all, he honestly and fairly chose the one to the exclusion of the other—*Leighton vs. Sargent 7th Foster, N. H.* 460 is in point. In that case a new trial was granted for the exclusion of evidence that the defendant was a skillful and experienced Surgeon. The learned Judge in a well reasoned opinion, reviews the cases and principles bearing upon the liability of professional men and experts for negligence and want of skill, and declares the general proposition, that one who offers himself for employment in a professional capacity undertakes,

1st. That he possesses that reasonable degree of learning and skill which is ordinarily possessed by the professors of the same art or science, and which is ordinarily regarded by the community and by those conversant with the employment as necessary to qualify him to engage in such business.

2nd. That he will use reasonable and ordinary care and diligence in the execution of his skill and the application of his knowledge, to accomplish the purpose for which it is employed.

3d. To use his best judgment in the exertion of his skill and the application of his diligence. The first and primary element of his engagement has respect to the possession of the ordinary and reasonable skill and learning necessary to qualify him for the service undertaken and as it was error in *Leighton vs. Sargent* to exclude evidence of the qualification, because it was material to the issue, it was error here to charge that the fact although proved was immaterial. It diverted the minds of the jury from one of the principal issues and from a fact if established, tending greatly to exonerate the defendant and shield him from liability. The Judge erred also in refusing to charge that the defendant had a right to withdraw from the case upon reasonable notice and a refusal so to charge, tended to mislead the jury, and give an impression that a surgeon withdrawing from a case, without the assent of the patient, given with full and accurate knowledge of his condition, would be liable for all the consequences that should result from the injury, thereafter. It was necessarily implied in the request that the surgeon did not leave in an emergency when immediate action was to be had, or operation performed, or when other competent aid could not be had. The reasonable notice to be given qualified the right of the surgeon to withdraw as propounded in the request. A surgeon is not bound, in the absence of a special contract, to attend upon his patient any longer than the necessities of the case require, and having performed an operation to meet an exigency he can then withdraw, having the patient to secure other medical attendants to complete or watch over the case, and in such case the withdrawing surgeon is only liable for neglect or want of skill up to the time he commits the patient to other hands. Again the Judge erred in declining to charge that if the negligence of the plaintiff contributed to the injury complained of the defendant was not responsible. There was some evidence tending to show that the plaintiff by her own acts caused a relaxation of the arm, the defendant should not have been charged. The effect of the refusal of the Judge to charge as requested, was to withdraw this evidence from the consideration of the jury. Indeed, the reason assigned was that there was no evidence for submission to the jury on this branch of the case.

There were other statements of the charge open to criticism, and the whole case was one of great doubt and certainly the evidence to charge the defendant was not very conclusive. But perhaps there was evidence sufficient to carry the case to the jury. But if the rule contended for in some cases, to wit, that there must be manifest fault or gross negligence to charge a professional man as for a negligent or unskillful performance of duty, that is *lata culpa vel crassa negligentia*, it would not be a case for a jury. *Godfrey vs. Dalton*, 6 Ring. 460. *Wilson vs. Russ*, 7 Shepley 421. But without considering further the line which divides the reasonable skill and diligence which satisfies the undertaking of the surgeon, or attorney, and that gross negligence or palpable fault for which they are responsible, for the errors in the charge suggested, the judgment must be reversed and a new trial granted.

"Peckham J. reads for affirmance. Grover J. and chief concur. Allen J. reads for reversal and new trial. Folger, Rapallo and Andrews J. s. concur."

NOTE.—Though the point was not before the Court, there is a strong intimation that if it had been, the Court would have decided that a nonsuit should have been granted, as contended for in my paper, published in *Buffalo Medical Journal*, July 1872.

H. F. MONTGOMERY, M. D.

Miscellaneous.

Death from Homœopathic Doses of Chloral.

We find in the *Toronto Globe*, of January 18th, an account of the death, under the combined influence of chloroform, hydrate of chloral and sulphate of morphia, of C. B. Jones, a homœopathic physician. As will be seen by the subjoined evidence, the deceased had submitted to a surgical operation by Duncan Campbell, also a homœopathic physician, who seems on his own admission wholly responsible for the manner in which the patient was treated while recovering from the effects of the anæsthetic. It is clear that death was chiefly, if not entirely, due to the large (homœopathic?) and repeated doses of hydrate of chloral. Duncan Campbell is, we believe, looked upon as a leading homœopathic practitioner in Ontario, inasmuch as his name appears first in the board of five gentlemen of that school who act in conjunction with the council of the College of Physicians and Surgeons of Ontario—

the only body now empowered to issue licenses to practice medicine in that province. The following is his testimony, with that of others, given at the coroner's inquest:

"Duncan Campbell, M. D., sworn, said: 'About three weeks ago deceased called at my house and complained to me of what he took to be internal piles; I told him I thought he was in error as to the nature of his complaint, judging from the symptoms; I said I thought it was fissure of the rectum, and advised him to submit to an operation for its radical cure; he refused at that time, contenting himself with obtaining temporary relief; he consented afterward to have the operation performed, but stipulated that he should not only have chloroform during the operation, but should be kept under the influence of chloral hydrate until the pain should have time to subside. The operation was performed at three o'clock yesterday afternoon; the fissure was large and deep, and must have caused him great pain; I administered chloroform, and the operation was successfully performed; I then gave him forty grains of chloral hydrate, but as this did not bring him relief, I administered a second dose, with a quarter of a grain of sulphate of morphia; I then left, his condition being as good as could possibly be expected; I was recalled in about half an hour, and on arriving found him dead.'

"Lorne Colin Campbell, M. D., sworn, said: 'I was requested by my father, Dr. Campbell, to assist him at an operation on the deceased. Deceased was perfectly conscious after the operation, and insisted that it had not been performed at all. My father weighed out two drachms of chloral hydrate, and administered one-third. Twenty-five minutes after he gave the deceased another dose, combined with a quarter of a grain of the sulphate of morphia. Deceased then went to sleep, and we both withdrew, not apprehending any danger.'

"Thomas Payne, M. D., sworn, said: 'I have heard the evidence of Dr. Campbell and his son, and am of the opinion that the treatment as detailed in the evidence was judicious.'

"After a short deliberation the jury returned the following verdict: 'That the deceased, Charles Blackburn Jones, died on the 15th inst., from the effects of chloral hydrate, after a most painful operation, and it was given at the previous request of the deceased, who purchased the drug himself.'"—*New York Med. Journal*.

DIGESTION OF STARCH IN INFANCY. (*Gaz. Med. Ital.*, November, 1872.) It has been known that the saliva of newly-born animals has not the power of transforming starch into sugar. A recent experimenter has taken the pancreas from kittens and puppies, and has ascertained that the pancreatic juice in these animals when young is, like the saliva, incapable of converting starch into sugar. The bearing of this fact on the practice of giving starchy food to very young infants is obvious.—*N. Y. Medical Journal*.

Editorial.

Quackery and Superstition.

Not long since a Dr. (?) came to our city who advertised himself as Dr. John T. Teasdill, from Lockport. (What especial virtue there is in coming from Lockport we are unable to conceive.) The learned individual claimed to cure most of the diseases to which flesh is heir. Among other ailments which he professed to cure "with or without medicine, or by simply laying hands on the patient," was "reptiles and other animals" in the stomach. His almost invariable diagnosis was "a frog in the stomach," and he presented numerous letters from different persons testifying that he had at various times removed frogs, lizards, snakes, etc., etc., from their stomachs.

This erudite doctor of medicine was found dead in his rooms a few days since, and suspended from his neck were found the following charms: a mule's shoe, a frog's skin stuffed with cotton, an old English shilling, and the kernel of a filbert. Each article had several wrappings of cotton, and were, without doubt, *effective* in the cure of diseases.

It would seem strange at first glance that in the nineteenth century, which boasts so much of its civilization and scientific attainments, there could be found a man who would believe in these senseless charms; or men and women so devoid of common sense as to become his dupes. But when we think how the public are being duped every day by quacks who pretend to wonderful cures, and count their patients among the wealthy and apparently intelligent, it does not seem strange that this obscure old "Frog Doctor" should succeed in persuading a few unknown and illiterate individuals that there was a frog in their stomach, and that he had the power to remove it.

He is dead, yet there remain in our midst others like him, and, as far as law or custom controls the matter, they have an equal right with the most learned physician in the State to call themselves doctors.

THE ASSOCIATION OF AMERICAN MEDICAL EDITORS.—The Association of American Medical Editors meets at St. Louis, on the evening of May 5th. The meeting will be held in the Polytechnic Building, corner of Chestnut and 7th streets, and will commence promptly at 8 o'clock P. M. It is hoped that this meeting will be largely attended, and all editors and assistant editors of regular Medical Journals are invited to connect themselves with the Association.

THE TONER LECTURES.—The second of the Toner course of Lectures was delivered Friday evening, April 18th, before a large and appreciative audience at Washington, D. C., by Professor C. E. Brown Sequard, M. D. His subject

was "Nervous Force: The Extent, Variety and Power of its Manifestations."

These lectures thus far have been a success, and Dr. Toner deserves much credit for establishing a fund for their support. The trustees of the fund are: The Secretary of the Smithsonian Institution, The Surgeon General U. S. A., The Surgeon General U. S. N., The President D. C. Medical Society and Dr. Toner.

AMERICAN MEDICAL ASSOCIATION.—As the time approaches for the meeting of the American Medical Association inquiries are being made as to route, fare, hotel accommodations, etc., etc. We are not sufficiently versed in railroad matters to give our readers any idea as to the best route by which to reach St. Louis, but on the important matter of fare we understand that no deductions will be made from the usual prices. Hotel accommodations can be had at reasonable rates.

ALARM FROM RUMOR OF THE PREVALENCE OF CHILD-BED FEVER.—We copy from the "Courier" the following correspondence, which explains itself, and shows how that even the false rumor of a pestilence may produce as great a panic as pestilence itself:

BUFFALO, April 25, 1873.

MY DEAR SIR—From several sources, professional and otherwise, I hear that you have been very unfortunate recently in cases of puerperal fever, and that you contemplate abandoning this class of practice. If you think it proper to notice this prevalent rumor I shall be glad to make your reply public.

Sincerely yours,

JOSEPH WARREN.

THOMAS F. ROCHESTER, M. D.

DR. ROCHESTER'S REPLY.

APRIL 25th, 1873.

MY DEAR MR. WARREN—Your favor of this date is received. Inasmuch as a few malicious and evil-disposed individuals, and a great many thoughtless and gossiping persons, have most industriously circulated reports, to the great alarm and detriment of my patients, as also to my own personal prejudice to a very limited extent, to the effect that I have been very "unfortunate" and have lost a large number of cases of child-bed fever, (variously stated at from eight to twenty a week) I am constrained for the first time in my life to appear in a public print, as affording the only channel to present the truth of the matter and to deny and refute a slander injurious to the public welfare and reflecting on me professionally. This I do, by the simple and unqualified statement, that within the past year, up to this moment, I have lost but two lying-in patients one by child-bed fever and one (who was convalescing from that disease) by shock, from the sudden death of her infant with measles, and by the non-elimination of the measles poison from her own system, she never having had that disease, and presenting, during the last twenty-four hours of her life, that dullness and stupor characteristic of measles, when, as the popular phrase is, "it does not come out." Both of these patients died more than a month ago, and when the second one was confined, the first one presented no systems whatever of child-bed fever. During the illness of these patients, and for twenty days subsequent to the death of second, I positively

refused to attend any persons in confinement, being determined to avoid any possibility of conveying the disease, acting as I have always done and advocated for twenty-five years, and obeying a cardinal law of every well-informed and conscientious physician. Since then I have attended several, all of whom are doing well and have presented no indications of child-bed fever. In reply to one of your interrogatories, I answer, I do not "contemplate abandoning this class of practice." Those persons who *desire* my services (and I wish for none others as patients) can have them as heretofore, and need not fear that I will convey to them disease or be more "unfortunate" than others in the treatment of it when developed from atmospheriic or other sources. I must again refer to publishing in a newspaper what, to a certain extent, is a personal matter; but I see no other method of meeting this most outrageous and widespread slander. Did I know surely with whom it originated, I would take another course with regard to it.

Yours, respectfully,

THOMAS F. ROCHESTER.

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Books Reviewed.

Diseases of the Ovaries: Their Diagnosis and Treatment. By T. Spencer Wells. New York: D. Appleton & Co., 1873. Buffalo: Martin Taylor.

In the past few months we have had occasion to notice two excellent works upon Ovariectomy, both by American writers. The one by Dr. Peaslee stands pre-eminent as a complete treatise upon the subject. The other, like the work now before us, is mainly a history of, and observations drawn from, the clinical experience of the writer.

While American physicians have looked with pride and pleasure upon the achievements of their brethren, the publication of a work upon Ovariectomy by an author of Mr. Wells' large experience has been awaited with expectations of something which should surpass all former endeavors. It now remains to be seen if this expectation has been realized.

Mr. Wells has certainly acquired the right to speak with an authority which arises from an experience in Ovariectomy which never has been, and perhaps, from the increasing number of operators, never will be gained by any other surgeon.

The first half of the work is about equally divided between the Anatomy and Histology of the female generative organs, together with a consideration of the pathology of the Ovaries, and the diagnosis of Ovarian tumors. The balance of the work is devoted to treatment. The author, with most English writers on surgery, tries hard to claim for British surgeons the honor of first suggesting if not practicing Ovariectomy, and goes to some length in a description of an operation in 1701, performed by an English surgeon with a lancet and splinter of fir. After laboring so hard to wrest the honor from Dr. McDowell, his tardy assertion that he was the first rational Ovariectomist is but

little more of a compliment to him than the engraving on page 297, which is intended to represent Dr. McDowell.

Mr. Wells employs the bichloride of methyl as an anæsthetic which his experience has shown him is not so liable to cause vomiting as is chloroform. Of the five hundred cases reported the mortality was 25.4 per cent.; that in hospital being 26.66; in private cases 24.23.

The following is a summary of the different methods of treating the pedicle which were employed, with the results :

Clamp.....	349 cases.	280 recoveries.
Pin and ligature, acting as clamp.....	15 “	10 “
Clamp and ligature.....	34 “	23 “
Ligature returned.....	57 “	29 “
Ligature brought out.....	14 “	6 “
Cautery.....	16 “	14 “
Cautery and ligature.....	14 “	10 “
Ecrasure.....	1 “	1 “
Total.....	500 cases.	373 recoveries.

No mention is made by the author of the method of Enucleation, which is, however, excusable, as at the time the book was written it had not been sufficiently brought before the profession to have reached his ears.

The whole subject of Ovariectomy is well considered, and the reports of cases drawn from his practice are interesting and instructive. The deductions to be drawn from so many cases are exceedingly interesting, and the profession is under many obligations to Mr. Wells for his careful notes.

Much of the pleasure which might arise from reading this work is destroyed by a vein of egotism and self-importance. While the profession admire Mr. Wells and his achievements, they can but censure certain self-laudations and attempts at flight in rhetoric which crop out now and then in certain portions of his work. On the whole, however, it is something to be read and studied by all interested in Ovariectomy.

Clinical Lectures on Diseases Peculiar to Women. By Lombe Atthill, M. D., Univ. Dub., etc. Second Edition. Revised and enlarged, with six Lithographic Plates and Wood Cut illustrations. Philadelphia: Lindsay & Blackiston, 1873. Buffalo: T. Butler & Son.

This work is the substance of lectures delivered to the classes at Adelaide Hospital. It does not pretend to embrace as much as the larger and more extended treatises, but is a simple record of the observations and views of the author, which will, as a general thing, be found to agree with those of the

profession. We can hardly agree with him in the frequent use of the pessary or so-called mechanical treatment, but with this exception his book will be found worthy of study.

Fistula, Hæmorrhoids, Painful Ulcer, Stricture, Prolapsus, and other Diseases of the Rectum, their Diagnosis and Treatment.

By William Allingham, F. R. C. S., etc. Second Edition. Revised and Enlarged. Philadelphia: Lindsay & Blackiston, 1873. Buffalo: T. Butler & Son.

Mr. Allingham's work has been but a short time before the profession, yet it has come to be looked upon as one of the best works extant upon diseases of the rectum. In the short time which has elapsed since the appearance of the first edition the author has added further to his large stock of experience in the treatment of this class of diseases. His observation of some of the more rare affections of the rectum has been more extended, and his rules for diagnosis and treatment have, therefore, in some instances, been slightly modified.

The book as now presented to the profession will continue to merit in a larger degree than ever the confidence of the profession, and justly deserves a place among the best works published upon diseases of the rectum.

The Pharmacopœia of the United States. Fifth Decennial Edition. Philadelphia: J. B. Lippincott & Co., 1873. Buffalo: H. H. Otis.

The Pharmacopœia as it comes to us in its fifth decennial revision is an improvement over the former edition. Several articles have been dropped and a few new ones added. The nomenclature has been changed, and other manifest improvements have been made in the general construction of the work.

The work of revising the Pharmacopœia in such a manner as to suit all, would be undoubtedly an impossible task, yet we think that a few of the drugs whose names are still incorporated within its limits, might have been left out without any serious detriment to the value of the work. As it is however, we are happy to accept the work in its new and improved form, and are willing to have time work out the changes neglected by the convention for its revision.

A Treatise on the Theory and Practice of Obstetrics. By Wm. H. Byford, A. M., M. D. Second Edition, thoroughly revised. New York: Wm. Wood & Co., 1873. Buffalo: H. H. Otis.

The Second Edition of Prof. Byford's work, comes to us in many respects highly improved over the former. Much of the work has been rewritten and the entire book has been thoroughly revised. The author has made several

additions, which will add much to its merit as a work on Obstetrics. Those who were possessed of the first edition of Prof. Byford's work, although not agreeing with some of its teachings, regarded it as an excellent practical treatise on Obstetrics. Not claiming to discuss the finer points, or to settle the disputed methods of procedure he gave to the profession a plain practical work.

As it has been for some time known to the profession, it is unnecessary for us to discuss its contents or to point out its beauties or defects; it simply remains to be said that the present edition is improved in many respects, and is entirely new in others. We have no hesitation in recommending it to the student or practitioner as a work of great excellence, unsurpassed as a practical guide and book of reference.

Operative Surgery, adapted to the Living and the Dead subject.

By C. F. Maunder, Surgeon to London Hospital, etc. Second Edition, with one hundred and sixty-four illustrations. Philadelphia: Lindsay & Blakiston, 1873. Buffalo: T. Butler & Son.

It is now several years since Mr. Maunder's hand-book was first published. The first edition although not claiming any originality, was well received by the profession and especially so by students of operative surgery.

The second edition is somewhat increased in size, and has been improved in several respects. The author claims to have presented a new method of exposing the elbow joint and of removing the lower jaw.

In exsections of the elbow, he makes a longitudinal incision on the back of the limb extending a short distance above and below the olecranon. After removal of the olecranon the joint is easily reached, examined, and its diseased parts removed. The point however upon which the author places particular stress is the preservation of the outer fibers of the triceps muscle, which by the attachment to the fore-arm, assist materially in making extension of the fore-arm.

The results claimed for this operation are very successful. As to the originality of this method of procedure if we mistake not, it was first advanced in 1864 by an American Surgeon, and has, to our knowledge been practiced in this country for some years.

The author's method of exsection of the lower jaw is to remove that bone through the mouth thus obviating the necessity to cutting the cheek and causing a deformity of the face. In certain cases this procedure seems feasible, but in many others it would be next to impossible. The author has produced a work which as a hand-book for those investigating operative surgery, is very valuable. To students in search of such a work we recommend this volume.

Illustrations of the Influence of the Mind upon the Body in Health and Disease. Designed to elucidate the action of the Imagination.

By DANIEL HACK TUKE, M.D., M.R.C.P. Philadelphia: Henry C. Lea, 1873. Buffalo: T. Butler & Son.

The author of this work has been for some time known as a writer and investigator in the department of psychological medicine. The subject of the influence of the mental upon the physical organization, has ever since the infancy of medical science attracted the attention of those accustomed to the care of the sick. Various explanations have been advanced to account for many of the phenomena observed in the sick room, and many and marvelous have been the cures ascribed to witchcraft, the influence of sacred relics, and even to medicine itself, which were due wholly to the influence of the imagination.

The work under consideration comprises over four hundred pages and is divided into four sections, part first treating of the Intellect, to which about one hundred pages are devoted, part second the Emotions, occupying two hundred pages; part third the Will, embracing twenty-one pages, and part fourth the Influence of the Mind upon the Body in the cure of Diseases, which together with a short appendix comprising the balance of the book.

The author informs us in the introductory chapter that the "Mind acts upon the Body through its threefold states of—I Intellect, II Emotion, III Volition." The writer says "It must be clearly understood that under "Mind" we do not, and that under "Body" we do, include the special senses." He dwells upon the importance of the truth "that the mind or brain influences—excites, perverts, or depresses—the sensory, motor vasomotor, and trophic nerves, and through them causes changes in sensation, muscular contraction, nutrition and secretion."

To the want of appreciation of this truth may be ascribed the superstitious vagaries of the past when witchcraft held its powerful sway and to the touch of royalty, the influence of sacred relics, and the sprinkling of holy water, were ascribed cures wrought by faith alone.

The conclusions arrived at by the author are clearly stated and will meet the approbation of the reader who carefully follows the course of reasoning pursued.

The writer does not rely wholly upon his own observations, but from a wide range of reading and inquiry brings illustrative cases to support his arguments. The writings of other investigators of Psycho-physical phenomena are fully quoted where they will serve to aid in establishing some fact or combating some erroneous opinion.

The Influence of the Mind upon the Body is without doubt one of the strongest therapeutical agencies which can be wielded by the physician, and he who passes it by as unworthy of his attention or who uses it carelessly and in ignorance of its true scope and value, is neglecting or misusing a valuable assistant in his battle with disease and death. As the imagination may be and

is a valuable assistant in the treatment of disease so also it may be a stumbling block, and what physician is there who would not rather treat a score of patients suffering from some real malady than one who continually imagines that he has all the ills to which flesh is heir; pent up in his single body. The powerful influence of the mental organization upon diseases is something which has long been noticed and taken advantage of by the quacks. And although the true secret has in many instances been misunderstood, yet their incantations, relics, and other absurdities have often gained the credit for miracles wrought alone by all powerful faith.

The object of the author has been not only to show the power of the mind in the cure of disease, but also to attract the attention of the profession more closely to the subject. Quackery in its many forms has for ages used and abused this agency, and it is the desire of the author to invite the attention of the profession to a subject at once so powerful for good, and so little understood, that the medical man may in the future apply in a methodical manner the principles of Psycho-therapeutics. "The force is there, acting irregularly and capriciously. The question is whether it cannot be applied and guided with skill and wisdom by the physician."

In writing this book the author has placed the profession under many obligations to him, and as the subject is more fully investigated as time passes along the reader of the future will feel with increased force his debt of gratitude to Dr. Tuke for placing in his hands a work filled with fresh and entertaining truths, stated in terms easily understood. The American publisher should receive the thanks of the profession for placing the work in their hands. We advise our readers to obtain it and study it with care.

The Practice of Surgery. By THOMAS BRYANT, F.R.C.S., Surgeon to Guy's Hospital. With five hundred and seven illustrations. Philadelphia: Henry C. Lea, 1873. Buffalo: T. Butler & Son.

The reputation of the author and his extended facilities for observation as Surgeon to Guy's Hospital, has caused the advent of his work on surgery to be awaited, by the profession, with no small measure of expectation and curiosity. The work as it is now placed before the profession will not, we think, disappoint those expectations; indeed, the author, in endeavoring to place in the hands of his readers a "manual," has, with a few exceptions, given them a treatise. The consideration of the diseases and surgery of the eye and ear, and of dental surgery, has been entirely omitted, and although it detracts in a large measure from the value of the work as a complete treatise, it in no wise prevents it from being what it claims to be, a Manual of the Practice of Surgery. As the author truly says, "to have given them in outline would have been to mislead." In the introductory chapter the author speaks of the mode

of observation in surgical practice, and of the necessity and value of knowing how to observe. The different surgical affections and their treatment are considered in their appropriate order, and the directions for diagnosis and treatment are clearly laid down and easily understood. Many of the operative procedures are either peculiar to the writer, or to English surgery, and although at variance with opinions held by American surgeons, are not advised by him without careful consideration and trial. He has not hesitated, like many English writers, to go out of his own country for facts, and due credit is given for nearly all important discoveries and operations emanating from American surgery. Some mistakes have naturally crept into his work, but they are of small importance. We hardly think that American operators will accord to British surgeons the credit of introducing Ovariectomy to the world, and the statement that Atlee generally employs the *ecraseur* in severing the pedicle will cause some surprise. The assertion that the preservation of the periosteum is a matter of but little importance in exsections, must, we think, be received with some grains of allowance. The author has drawn largely on the rich store of specimens in Guy's Hospital to illustrate his subjects and has produced in this department almost an entirely original work. The observations of the writer are faithfully recorded, and his own views clearly set forth. We cannot but recommend the work to our readers, and are of the opinion that Bryant's Surgery is a book which no progressive surgeon can afford to be without.

Contributions to Mental Pathology. By I. RAY, M. D. Boston : Little, Brown & Co., 1873. Buffalo: James M. Lent.

With but two exceptions the papers comprising this book have appeared in print. But as the points of which some of them treat, are still unsettled, and as all are of interest to those interested in insanity, the author has placed them before the public in book form. Without claiming to be a treatise on Insanity in any of its forms, it is a contribution to the subject which can not but be received with pleasure by the profession. Several articles are upon important trials where insanity was claimed by one party or the other; the author's own opinion is given in some of the cases, and affords evidence of a profound knowledge of the subject.

Perhaps to the non-professional reader, the articles on the insanity of King George, Shakespeare's illustration of Insanity, and illustrations of insanity by distinguished English writers, will be the most interesting.

We have been greatly interested and instructed in their perusal, and consider his review of the writings of Shakespeare as unexampled for a profound knowledge of the subject and a perfect acquaintance of the author's ideas.

The book comprises over five hundred and fifty pages, and constitutes a valuable contribution to the literature of Insanity.

A Treatise on Apoplexy, Cerebral Hemorrhage, Cerebral Embolism, Cerebral Gout, Cerebral Rheumatism, and Epidemic Cerebro-Spinal Meningitis. By JOHN A. LIDELL, A. M., M. D., New York: Wm. Wood & Co., 1873. Buffalo: H. H. Otis.

This work the author informs us, has grown from an article which he intended formerly to publish in *The American Journal of Medical Science*, but as his number of cases increased his clinical experience enlarged, and the article became too extended for publication in a Journal.

Impressed with the idea that the labor and time invested in collecting and recording so many cases, and the thoughts which he had endeavored to set forth in their preparation made them too valuable to be thrown aside, the author has placed them in the hands of physicians and students in book form. The history of, and observations made in sixty-two cases are given.

The authors' ideas as far as we can judge by a hasty review of the work, are fully up to the times, and the lessons drawn from so many cases can not fail of imparting instruction to the readers of his work.

Medical and Surgical History of The War of the Rebellion. Prepared in Accordance with Acts of Congress, under the direction of Surgeon-General JOSEPH K. BARNES, U. S. A. Part first, two volumes. Vol. I Medical, Vol. II Surgical. Washington: Government Printing Office.

The lessons which war teaches are sad and terrible, but none the less valuable.

The American people in the dreadful school of a four year's civil war have learned themselves and have demonstrated to the other nations of the earth, many valuable truths. Among the many lessons which we have of necessity learned is one whose value can never be estimated and whose practical importance has been duly appreciated by foreign powers, the care of the sick and wounded soldier. The medical staff of the United States Army, when the civil war first opened was in many respects undeveloped. The comparative quiet of the American army for the long time preceeding the Rebellion had made the duties of the army surgeon nearly nominal, and he was in many instances without the least experience in the care of the wounded or in the construction or management of army hospitals.

The indefatigable skill and industry displayed by the Surgeon General and his assistants in developing the medical organization of the Army, deserves the highest praise. That they should find time in the labor necessary to organize the medical corps to devote to the collection of statistics and scientific facts is a matter of wonder, and evinces their complete devotion to the cause of scientific medicine.

The collection of the data for this History was commenced under the direction of Surgeon-General HAMMOND, who worked many excellent reforms during his brief term of service, and has been ably continued under the careful supervision of Surgeon-General BARNES, his successor.

The first volume is devoted to the medical portion of the work, and is edited by Surgeon J. J. WOODWARD. The volume opens with a preface by the Surgeon-General which gives a history of the work and its preparation, this is followed by an introduction by the editor.

The statistical tables are formed on a modification of the classification advocated by Dr. Farr. To these tables seven hundred and twenty-six pages are devoted.

The appendix comprises over three hundred pages and consists of Reports of Medical Officers and extracts from the returns of different Surgeons, and is a very interesting portion of the medical literature of the war.

The Surgical Volume is compiled under direction of Surgeon GEO. H. OTIS, who gives an introduction which will be read by all with interest and profit.

To dispel the idea that the post of Army Surgeon is one that is free from danger, a list of medical officers who lost their lives or were wounded in discharge of duty is given, it comprises nineteen who were killed in action, thirteen who were killed by partizan troops or assassinated by guerrillas or rioters, eight who died of wounds received, nine who died from accident while in discharge of their duty, and seventy-three who were wounded in battle. This large record speaks in no feeble terms of the bravery and devotion to duty which characterized the medical staff of the United States Army.

The surgical volume is handsomely illustrated by cuts of specimens, illustrations of wounds, etc., etc.: this volume is devoted merely to wounds of the head and chest, those of the abdomen and pelvis, together with some remarks upon injuries to the head and spine being reserved for the succeeding volume. The two volumes which have been issued speak well for the care and diligence displayed by those having them in charge. They are a contribution to medical science which should cause the profession to feel proud of the brethren of the army medical staff.

The Science and Art of Surgery. Being a Treatise on Surgical Injuries, Diseases, and Operations. By JOHN ERIC ERICHSEN, Senior Surgeon to University College Hospital, and Holme Professor of Clinical Surgery in University College, London. A New Edition, illustrated by upwards of seven hundred Engravings. In two volumes. Philadelphia: Henry C. Lea, 1873. Buffalo: T. Butler & Son.

Erichsen's Surgery has long been considered as one of the best Surgical text books published, and the fact that six editions have been issued shows it to be

duly appreciated by the profession. The present edition comes to us bound in two separate volumes, and is considerably increased in size over the last American edition.

It has been too long known by the medical profession to need any very extended notice or any critical review of its contents.

The first chapter is devoted to anæsthetics, and to a general consideration of and rules to be observed in preparing for operations.

The author seems to give his preference to chloroform, evidently not being much accustomed to the use of ether. Chapters two and three are taken up by a consideration of amputations, the rules which are given by the author are concise and do not confuse the reader by a confusion of methods; the best procedures and those which have stood the test of trial only being given. Inflammation, Suppuration, Ulceration and the Processes of Repair complete the first Division. The second Division treats of Surgical Injuries, the third of Surgical Diseases. The directions for diagnosis and treatment which are given by the author are such as may with safety be followed. Many of the more recent propositions in operative Surgery have been omitted, but they are as a general rule either too recent to have come to the author's knowledge, or of such doubtful value as to forbid their introduction into a work which aims to give the best known rules in as brief a space as is consistent with clearness. We are sorry however to see no mention of Prof. Moore's method of dressing Colles fracture and fracture of the Clavicle. The illustrations are good, although most of them are familiar. The work as presented is a valuable addition to the surgeons library, and is to be recommended to all who wish a work on surgery as one of the finest treatises published.

First Annual Report of the Supervising Surgeon of the Marine Hospital Service of the United States, for the year 1872, containing a brief Historical Sketch of the Service from its Organization in 1798. Washington: Government Printing Office.

This volume consists of about one hundred pages, and embraces an interesting History of the service from its first organization in 1798 to the present date. The law of 1798 required American seamen to pay a tax of twenty cents per month to the various collectors of customs. Out of this fund the President was authorized to provide for the temporary relief of sick and disabled seamen, the surplus was to be devoted to the erection of Marine Hospitals. This law was also made on the year following to embrace officers and seamen of the Navy. By an act of 1870 the tax was increased to forty cents per month to be collected from each seaman employed on American vessels. Fishing vessels and canal boats were not included. This act also provided for the appointment of a supervising surgeon of the U. S. Marine Hospital Service. This office was filled in April, 1871, by the appointment of John M.

Woodworth, M. D., whose thorough acquaintance with his profession and the duties of his office makes him eminently fitted for the place. As an evidence of the watchful care exercised by this officer, we mention the following item. For the year ending June 30, 1871, the average expense per patient was \$1.04 per day against an average of 97.6 cents per day for 1872, notwithstanding the fact that many of the seamen were afflicted with small-pox, which would tend to increase the expense. The Surgical Department of the work comprises a brief report of over four hundred cases. This is followed by several statistical tables. The report is very well made and is worthy of much commendation.

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Books and Pamphlets Received.

Proceedings of the Royal Society, Nos. 135-139. London: Taylor & Francis, 1872. Received through Wm. Wesley, Agent, Smithsonian Institution, London.

Dental Caries and its Causes. An investigation into the Influences of Fungi in the destruction of the Teeth. By Drs. Leber and Rottenstein. Translated by Thos. H. Chandler, D. M. D. With illustrations. Philadelphia: Lindsay & Blakiston, 1873. Buffalo: T. Butler & Son.

Fistula, Hæmorrhoids, Painful Ulcer, Stricture, Prolapsus, and other diseases of the Rectum, their Diagnosis and Treatment. William Allingham, F. R. C. S., etc. Second Edition. Philadelphia: Lindsay & Blakiston, 1873. Buffalo: T. Butler & Son.

A Hand-Book of Post Mortem Examinations and of Morbid Anatomy. By Francis Delafield, M. D. New York: Wm. Wood & Co., 1872. Buffalo: H. H. Otis.

Diseases of the Urinary Organs, including Strictures of the Urethra, Affections of the Prostate, and Stone in the Bladder. By John W. S. Gouley, M. D., etc. New York: Wm. Wood & Co., 1873. Buffalo: H. H. Otis.

Abnormal Reaction of the Acoustic Nerve in Chlorosis and Bright's Disease. By Wm. B. Neftel, M. D. Reprinted from the Archives of Scientific and Practical Medicine. Jan. 1873.

Intussusception. By Stephen Rogers, M. D. New York: Reprinted from the Transactions of the New York State Medical Society for 1872.

Reports of the Superintendent and Trustees of the Butler Hospital for the Insane. Jan. 1873.

Nineteenth Annual Report of the Trustees of the State Lunatic Asylum at Taunton, Mass.

Manual of Chemical Analysis as applied to the examination of Medicinal Chemicals. A Guide for the Determination of their Identity and Quality, and for the Detection of Impurities and Adulterations. By Frederick Hoffmann, Ph. D., etc. New York: D. Appleton & Co., 1873. Buffalo: Martin Taylor.

Catalogue of the Officers and Alumni of the Bellevue Hospital Medical College, 1861-1871. New York: D. Appleton & Co., 1873.

Half Hour Recreations in Popular Science. Dana Estes, Editor; No. 7.

The Geology of the Stars. By Prof. A. Winchell. Boston: Estes & Lauriat, 1873. Buffalo: Martin Taylor.

Florida and South Carolina as Health Resorts. Read before the Massachusetts Medical Society, June, 1872. By W. W. Morland, M. D. Harv.

Quarterly Summary of the Transactions of the College of Physicians of Philadelphia. Collins, Printer, 1873.

Notes on a New Form of Percolator, the Triplex Pill, Rhubarb, Aconite Root, etc., etc. By Edward R. Suibb, M. D.

Twenty-Fourth Annual Report of the Managers of The Western House of Refuge of the State of New York.

Contributions to the Diagnosis of Cancerous Diathesis—Carcinosis. By Wm. B. Neftel, M. D. Re-printed from The Archives of Scientific and Practical Medicine.

Report of the Resident Physician of Brigham Hall, a Hospital for the Insane. For the year 1872.

The Treatment of Whooping-Cough with Quinine. By B. F. Dawson, M. D. Re-printed from American Journal of Obstetrics and Diseases of Women and Children. Vol. V., No. IV. New York: Wm. Woods & Co.

The Logic of Medicine. An Address Delivered on the Occasion of the Twenty-fifth Anniversary of the New York Academy of Medicine. By Edward S. Dunster, M. D. New York: D. Appleton & Co. Re-print from New York Medical Journal, Mar., 1873.

Fourth Annual Report of the Trustees of the Willard Asylum for the Insane. For 1872.

Ophthalmic Contributions. I. Dermoid Tumor of the Cornea. II. An Additional Method for the Determination of Astigmatism. III. Cyst of the Iris, Removed by Operation. By George Strawbridge, M. D. Philadelphia: Lindsay & Blakiston, 1873.

Proceedings of the Third Meeting of the American Association for the Cure of Inebriates. Held in New York, Oct. 8th, 9th, and 10th, 1872.

Report on the Progress of Ophthalmology, 1872. Prepared for the American Ophthalmological Society. By B. Joy Jeffries, A. M., M. D.

The True Object of Medical Legislation. By Stephen Rogers, M. D.

A New Method of Treating Strictures of the Urethra after External Sections. By C. H. Masten, M. D., Mobile, Ala.

The Criminal Use of Proprietary or Advertised Nostrums. By Ely Van De Warker, M. D., Syracuse, N. Y.

Annual Report of the Board of Health, to the General Assembly of Louisiana, Dec. 31, 1872.

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Original Communications.

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ART. I.—*Medical Society of the County of Albany. Semi-Monthly Meeting, April 9, 1873.*

Reported by F. C. CURTIS, M. D., Secretary.

The President, Dr. VAN DERVEER, called the meeting to order. After the minutes of the last meeting had been read and approved, the following paper by Dr. JAMES H. ARMSBY, on Ligature of the Subclavian Artery, was read:

My first operation was at Glen's Falls, in 1863, for axillary aneurism. The patient, aged 28, had lost his right arm by the accidental discharge of a cannon four months previous.

The stump had healed, and was apparently sound, until two months after the accident, when a pulsating and painful tumor formed in the axilla. Its size increased rapidly until the day before I was called, when the sac was ruptured by an effort to put on his coat, and he lost in a few moments two or three quarts of blood. He fainted and was almost pulseless several hours, during which time the opening was closed by compresses. When I arrived I found him in bed, pulse 130, skin cool and bloodless. The aneurismal tumor had filled and was pulsating strongly under the dressings.

I decided to operate immediately. The first incision along the clavicle extended from the mastoid to the trapezius muscle and was about three and one-half inches in length. The second ex-

tended vertically, intersecting the first near its middle. In dissecting the flaps, it became necessary to ligate three small arteries, and the external jugular vein, the latter being first secured by two ligatures, between which it was divided. The clavicular portions of the mastoid were divided, and the deep cervical fascia. The clavicle was carried upwards to such an extent by the great size of the tumor as to render it exceedingly difficult to reach the artery. While detaching the fascia and large veins which covered the artery at the scalenus muscle, I was startled by a slight gurgling sound and the presence of air bubbles at the deepest part of the wound, and immediately covered the spot with my finger. There was a tremor and slight convulsive movement, during which the pulse and heart were greatly disturbed, indicating the introduction of a small quantity of air into the circulation. After a moment of extreme anxiety I renewed the operation, and cast the ligature around the artery just under the outer border of the scalenus muscle. The deep cervical and infra-scapular arteries were both exposed and held to one side. They came off on the cardiac side of the scalenus, and as the loss of blood had been so great, I did not deem it safe or necessary to ligate them. The greatest difficulty of the operation consisted in separating the great veins, which completely encircled and obscured the artery. As soon as the ligature was drawn tight, the pulsation in the tumor ceased. An anodyne was administered and the patient had a good night's rest. Under a generous diet and tonic treatment he improved rapidly until the tenth day, when the skin over the tumor became discolored and painful. I was again called and laid open the sac freely, removing nearly a quart of coagula and sanguino-purulent fluid. After this his recovery was rapid and complete. The ligature came away on the twenty-ninth day.

My second operation was for the relief of secondary hemorrhage which threatened an immediate and fatal result. The patient Major C., of the U. S. Army, was wounded by a minie ball, which entered in front of the shoulder joint, and passing through the axilla fractured in its course quite extensively the scapula and came out near the spine. The axillary artery or some of its larger branches was wounded. He suffered much from loss of blood.

shock to the system, and exposure on the field, previous to his removal to the military hospital at Winchester, Va. While in the hospital, he lost much blood from repeated hemorrhages, and had chills and fever. He reached his home twelve days after the wound was received. During the next ten days he seemed to improve in strength and health. On the twenty-third day after the wound, he had a sudden and profuse hemorrhage, losing a large quantity of blood. I was called by telegram, and when I arrived, found him pale, exsanguineous, pulse 130, and the wound swollen and unhealthy. As the only surgical means available, I decided to ligate the subclavian artery. The operation was performed by candle-light, in the presence of several medical gentlemen. My incisions were made as in the other operation; the external jugular vein and the superficial arteries were ligated; dividing the deep cervical fascia, two larger branches had to be tied. A large nerve, a branch of the axillary plexus, situated over and resting on the artery, was uplifted by every pulsation. On casting a ligature under it and holding it to one side, the artery was found directly beneath, and was ligated between the scaleni muscles. The anterior scalenus had to be divided near the point where it is crossed by the phrenic nerve, which was carefully preserved. The pulsation and hemorrhage ceased immediately, and the patient lost but little blood during the operation. Everything promised a favorable result during the first twenty-four hours. He rested well, took sufficient nourishment, and there was a manifest improvement in the pulse and general condition. Forty-eight hours later he had a severe chill, and on my second visit I found the gun-shot wound in a gangrenous state and the patient rapidly sinking. He died on the twenty-sixth day after the wound was received. The operation was successful as regards the suppression of the hemorrhage and preventing an immediately fatal result. The condition of the patient and the exposure on the field and while traveling had a controlling influence in the final termination of the case.

In June, 1872, W. N., of Warren county, N. Y., was rowing a boat on Cedar River, and getting into the current, was in danger of going over the falls. While using extraordinary effort to avoid the danger, he felt a sharp pain in the axilla, and a sensation as if

something had been torn. A swelling soon followed, attended with throbbing pain and inability to move the limb. The tumor increased quite rapidly, carrying the shoulder upward, and protruding forward under the pectoral muscles. He was placed under the care of Dr. McNutt, on the eighth of March, who immediately brought him to Albany. When he arrived he was greatly reduced by the suffering and fatigue of the journey. For several weeks the pain had been severe, preventing sleep and exhausting his strength. The pulsation was strongly expansive over the greater part of the tumor. The operation was performed on the tenth of March, in the amphitheatre of the hospital, the medical and surgical staff of the house and other members of the profession being present.

An incision three and one-half inches in length was made over the center of the clavicle. The superficial and deep cervical fascia and the clavicular portion of the mastoid muscle were divided. But one superficial artery required the ligature. The external jugular was not divided. The artery was reached under the anterior scalenus muscle, which was detached from the rib three-fourths of an inch, to uncover the artery. The deep transverse cervical artery was given off from the subclavian, close to the border of the scalenus, which rendered the division of that artery necessary to reach the subclavian. The ligature was passed from within outwards. Pressure was applied, and the tumor ceased to pulsate. The knot was then secured. The transverse cervical was then tied half an inch from its origin. Only three ligatures were applied, and the patient lost hardly a spoonful of blood. The wound healed kindly. The ligature came away on the fourteenth day. The tumor has gradually diminished, and the sensation and power of motion of the limb, which a week previous to the operation were wanting, have been gradually restored.

At the annual meeting of the American Medical Association, held at New York in 1866, a committee, of which I was one, was appointed to report on the subject of "Ligature of the Subclavian Artery." The report was made under the direction of Dr. Willard Parker, the statistics being collected by Dr. Wynkoop. At that time 196 cases of ligation of the artery had been reported; 107

died and 88 recovered. The mean time for separation of the ligature was the twenty-first day, the shortest time the eighth day and the longest the one hundred and thirteenth. The subclavian has been tied in its first division thirteen times without one recovery; in its second division, nine times, with four recoveries; in the third, one hundred and seventy-four times, with eighty-three recoveries. Out of sixty-seven cases, twenty-nine have died of hemorrhage. Dr. Rork reports one hundred and eighty-five cases of ligature of the subclavian external to the scaleni muscles, of which one hundred died and eighty two recovered; the result in three cases is not stated. During our late war it was tied seventeen times for hemorrhage, with but two recoveries.

Dr. MAROH said that his father, Dr. Alden, had never had occasion to ligate the subclavian. He had tied the larger arteries forty-three times, among which were the external iliac, common carotid, etc.

Dr. LEVI MOORE read the following paper:

Some years since I read a paper before this society on the subject of Syphilis. I then confined my remarks more especially to the disease in its primary form, its character, its distinctive features and effects upon the human body.

I have been deeply impressed with the importance of this subject both as it relates to the victim whose vices self-impose this disease and to that larger class to whom this disease is transmitted, hereditary or otherwise.

It is a lamentable fact that by far the greater number of those who suffer either directly or indirectly from syphilis are in no way the authors of their suffering. We are all so frequently brought in contact with this disease, in its primary form and at that period too when it is impossible to prevent the constitutional taint, that we do not wonder at the bitter fruit it bears, involving in a common calamity the innocent as well as the guilty.

Several years ago Mr. N—— placed himself under my care, who was at the time, and had for a considerable period been, suffering from a chancre on the glans penis. The case was complicated by phymosis. Cleanliness, the use of washes, the internal administration of mercurials in the form of pill-hydrarg, and afterwards of

proto-iodide of mercury with iodide of potassium, finally effected an apparent cure. The remedies were continued for a long time, and it was hoped that but little, if any, of the virus of the disease remained in the system of the patient, when they were discontinued.

Afterwards he married, and his wife had a miscarriage at the end of three months' pregnancy. About the same time a troublesome ulcer, syphilitic in appearance and of large size, appeared upon his leg, which only disappeared after long and persistent use of the remedies mentioned above. A second pregnancy occurred, and this time, at the end of seven months, his wife was delivered of a living child covered with a syphilitic eruption, and presenting most unmistakable evidences of constitutional taint. The child lived about one month and died. The mother, to all appearance, retains good health, and yet we need not doubt but that sooner or later she will suffer from the effects of syphilis introduced through her common circulation with that of her unborn child.

Another case is that of a young man whom I was attending for secondary syphilis, who had the characteristic ulcers about the mouth and fauces, and was at time calling upon a young lady of good family and character. Somewhat more than a year afterwards I was called to prescribe for an eruption on the body of the lady, and was surprised to find it syphilitic; also to find a syphilitic sore throat. I then learned that, a year before, she had suffered from a troublesome ulcer on her lip, which was long in healing.

I have introduced these cases only because they are pertinent to some further observations I have to make on this subject. They are by no means exceptional cases. I can recall many analogous ones, but these will suffice my purpose.

Frequent miscarriages result from the effects of this disease, and whenever the offspring is born alive both mother and child are involved in one common misfortune.

If, then, the results of this malady are so unfortunate, it may be asked, Does not the medical art afford a remedy? Cannot this disease be entirely eradicated from the system? There are, I believe, grave doubts in the minds of careful observers whether this disease, when it has once gained a foothold in the human body, can ever be entirely removed. It is believed it may reappear or —

bear its legitimate fruits in syphilitic or scrofulous offspring. The recognized difficulties in the way of curing those affected with this disease led to the trial of the principle of inoculation, in a Swedish hospital. Patients affected with syphilis were repeatedly vaccinated with syphilis virus till a constitutional tolerance had been established and the virus ceased to produce any effect. Many cases were subjected to this treatment, and satisfactory results claimed. Although several years have elapsed since I read the statement, I have not learned that any other hospital has seen fit to continue the experiment.

I will next direct the attention of this society to a sanitarian view of this disease. Multitudes of our young men enter upon married life tainted by this poison; wives and children alike suffer. Others still, unfaithful to their marital relations, contract this loathsome disease, communicate it to their wives, and doubly entail it upon their children. The importance of this subject has even led to legislation on the matter of prostitution, and the city of St. Louis, and some others, have instituted a sanitary police to regulate prostitution, and in this way to protect the innocent from its evils. The moral as well as the sanitarian aspect of this question has been not a little discussed; and while it has been warmly commended on some hands, it has been bitterly denounced on others. It rests with the medical profession to shape and direct public opinion to the proper view of this question.

My purpose in reading this paper has been accomplished if I have awakened in the mind of any member of this society a deeper interest in this important subject, and a more earnest desire to shield the innocent and unsuspecting from its destructive influences.

Dr. BIGELOW remarked that Dr. Henry, of New York, had recommended the combination of quinine with mercury, having found the exhibition of the two together to anticipate the effects of mercury alone.

Dr. BAILEY said that during the past year he had had sad experiences with some stubborn cases of syphilis. He had used the bichloride of mercury and iodide of potassium, singly and alone. Ricord has said that it is possible to eradicate syphilis entirely from

the system, recommending iodide of potassium in heroic doses as a specific. This treatment was tried in a case of mucous patches and warty excrescences of the tongue and fauces, which other treatment did not seem to affect, with the happiest results. He gave it in a simple solution in water, and had not found it irritating to the stomach.

Dr. VAN DERVEER presented two specimens of amputated cervix uteri. He operated for the removal of one of them some time since, and the patient, who up to that time had been sterile, became pregnant three months after, and he had just attended her in a second confinement. There is no rigidity of the os, and the cervix is quite normal.

The second specimen was from an unmarried woman, aged 35, upon whom he operated recently. She had been troubled for ten years by a difficulty in urinating; something, as she said, coming down, had to be pushed back before urine could be passed. There was found longitudinal hypertrophy of the cervix, the organ protruding on standing. For the operation the patient was etherized, the parts exposed by a Sim's speculum, the neck brought down, and a silver wire passed around it. The cervix was then amputated with a curved scissors, one and one-half inches anteriorly and two inches posteriorly. Four sutures were introduced to unite the edges of the mucous membrane. She now menstruates normally and already feels much better. He preferred the scissors to the galvano-cautery, as the latter leaves a cicatrix which can never be covered with epithelium, while by using the scissors the mucous membrane can be united by sutures and so be made continuous. There is little hemorrhage by this method. The wire acts as a tourniquet, and also aids by bringing the organ into position convenient for operation.

SEMI-MONTHLY MEETING, April 23, 1873.

The Society met at the usual place and hour, and was called to order by the President, Dr. VAN DERVEER.

After the minutes of the last meeting had been read and proved,

Dr. A. P. TEN Eyck read a paper on Phlegmasia Dolens. The

is a comparatively rare disease, yet one whose causes, symptoms, pathology, and treatment, it is very important the practitioner should be thoroughly acquainted with. It is most common in women after parturition, but is not confined to such, nor to the female sex even: it may occur during pregnancy, in non-pregnant women and in men. Druitt gives two cases of the disease in men. Still it may be classed among the diseases peculiar to women. Inflammation of the femoral vein is the essence of this disease, the origin of which is referred, in parturient women, to the various influences brought to bear in connection with the process of childbirth, though frequently it is impossible to find any cause. Various views have been held, however, as to its pathology. The older writers supposed it to be due to a deposit of milk in the affected limb, led, no doubt, to this view by its peculiar white color and by the fact that the lacteal secretion is much diminished upon the occurrence of this disease. The name *milk leg*, though arising from an absurd view of its pathology, is not inappropriate in view of its white appearance.

The following case was given:—

Mrs. R., æt. 24, was a woman of good constitution, medium size and fair complexion. She was married in 1869, became pregnant soon after, and aborted at the third month, from a fall. She again became pregnant, and was delivered, naturally, in November 1872. The labor was entirely normal and easy. No untoward symptoms presented for two weeks after, during which time she kept her bed, excepting a persistent headache which begun on the day following delivery. On the 13th day she complained of pain in the left groin, hip, and calf of the leg, which was not preceded by chill or any febrile action. This pain increased, the patient became restless, appetite impaired, tongue slightly coated, pulse 120 on the 7th day from the outset, and the limb became much swollen. These symptoms gradually grew worse: the lacteal secretion diminished in amount until it was entirely suspended; the lochial discharge continuing about the same; the pulse ran up to 140; the pain was excruciating and the limb swollen throughout, and presented the characteristic white, shining look. The femoral vein could be felt "rolling under the finger like a cord." The bowels

were slightly constipated, the skin moist, the tongue not very much coated. The pulse never fell below 140 until the middle of January, when the acuteness of the symptoms diminished. The relief, however, was of but short duration, for the symptoms returned very suddenly, this time the other limb being affected. The pulse rose to 160, and all the previous symptoms became very acute. The limb first affected returned to a normal condition. The pulse did not fall below 130 until the 1st of March, when the disease gradually became less acute. About this time an eruption resembling small-pox came out on the limb and lasted two weeks, the spaces between the pustules being of a scarlet color. In four months from the onset she was able, for the first time, to walk across the room unassisted; and at this time (the last of March) she can walk about the house, but soon becomes tired. The feet are still swollen, and pain is felt in the limbs.

The treatment has been supporting and anodyne, which seemed to be the main indications in the case. Acetate of potash was given as a diuretic, with a view to lessen the cedema. Local applications were made use of to relieve the pain and inflammation. To the first limb a weak solution of carbolic acid was kept applied, as hot as the patient could bear it, which seemed to give great relief. The second limb was treated according to a plan recommended by Dr. Crichton in a paper read before the British Medical Association in 1871. This consisted in applying a solution (30 grs. to the ounce) of the sulphate of iron, as hot as could be borne. This was followed by marked diminution of the pain and swelling, and was recommended as the best local application. The limb was also bandaged from the toes to the body, which was believed to be a valuable part of the treatment.

Dr. E. H. DAVIS said that he had seen a large number of cases of plegmasia dolens. He was not prepared to say that it was not a disease of the femoral vein; but with his ideas of what constitutes phlebitis, he did not think that his cases presented symptoms consistent with this view of its pathology. A large majority of his patients complained first of pain in the calf of the leg, and not in the femoral region. This pain was not aggravated by pressure, nor could anything abnormal be detected by touch, but exer-

tion of the muscles, as in pressing the heel against an object, increased the pain. Spreading upwards, however, it has followed the course of the lymphatics and femoral vein. By some it is thought to be a general inflammation of the tissues of the limb,—the veins, lymphatics, cellular and muscular tissues. Its pathology may be regarded as still unsettled. He had known it to occur in the non-puerperal state; and had observed it quite as often, if not generally, in those previously strong and vigorous. A case was mentioned of a robust young woman in the country, who, after exerting herself vigorously while berrying, during the time being exposed to rain, was taken with pain in the calf of the leg, and the disease pursued the course of phlegmasia dolens. In regard to treatment, he endorsed the use of warm applications locally. He applied it by means of bags of hops dipped in warm water. Sulphate of iron he had never tried. The general treatment depends on the condition of the patient, for it does not follow that because we have a certain disease to deal with we must necessarily use sustaining remedies. These are to be used according to the indication. Occurring in a plethoric person, he would bleed early. In the later stage of the affection stimulating embrocations were recommended.

Dr. HALE gave an account of a case which he regarded as, and which presented marked symptoms of phlegmasia dolens, occurring in a man. The patient had been attended by a number of different physicians, and various diagnoses made, some regarding it as periostitis, which seemed the more probable in the later stage of its course, as fistulæ developed about the lower end of the femur. He died about a year after the disease set in.

Dr. J. S. BAILEY remarked that among the first seventy-five cases of midwifery which he had attended in 1871, four cases of phlegmasia dolens occurred. In three, it appeared in one leg only; one, in whom both legs were attacked, had borne twins. She died in three months from exhaustion. One case was a primipara, the others multiparæ. The treatment adopted was supporting and anodyne, the limb being wrapped in flannel clothes, wrung from hot water, applied as hot as could be borne, and covered with oiled-silk. This was continued till the inflammation

subsided. The eruption on the limbs spoken of by Dr. Ten Eyck, he thought was produced by the applications used.

Dr. FREEMAN thought that the disease is more liable to occur in those of lymphatic temperament and light complexion. In a recent case he had directed turpentine stupes to be applied to the limb; the turpentine was applied so freely by the nurse that it produced vesication. Warm fermentations were then used, and the patient made an unusually rapid recovery, the attack lasting only three weeks. He thought the speedy cure was due much to the vesication.

Dr. CURTIS remarked that Dr. T. G. Thomas, of New York, recommended the application of a blister along the course of the vein, placing it to one side so as to leave the vein free.

Dr. CRAIG expressed the opinion that the source of various inflammatory conditions occurring during the first week or so after confinement was in the uterus. He had no doubt but that a general phlebitic condition of the uterus itself was first set up, which may extend to the peritoneum, lower limbs, or elsewhere. He would base his treatment on this view of the pathological condition, and begin by treating the womb and vagina, irrigating the parts with a solution of carbolic acid, &c.

Dr. DEVOL said that he did not wonder that these conditions were induced when we consider the compression the soft parts receive by the passage of a large child's head. He thought the inflammation was not necessarily confined to the veins, but involved also the lymphatics and other tissues. He endorsed the local treatment spoken of. In some cases he had immersed the limb in brewer's yeast with good effect.

Dr. JOSEPH H. BLATNER read a paper entitled, "Some late facts concerning the Cervix uteri during Conception." He stated that the investigation of the question as to how the semen of the male is brought into contact with the ovula of the female, or in other words, the process of conception, involves the consideration of the motive powers which propel the spermatic fluid, the part which the cervix takes, and many other intimately connected questions.

As to how the spermatic fluid is propelled through the cervical canal, opinions vary; the following named forces have been given:

1. Ejaculation during coition; 2. Peristaltic action of the vaginal canal; 3. The power of absorption by the uterus; 4. The piston-like action of the penis; 5. Capillarity; 6. Ciliary motion of the cervical epithelium; 7. Self-movement of spermatozoa.

The theory that the sperm is thrown directly into the uterine cavity by ejaculation was advocated by Holst, one argument being that there could be no other reason for the existence of the ejaculation. It is thought, however, that this force is necessary to carry the fluid through the long urinary canal and the vagina; besides it is observed in animals that deposit their sperm on ready laid eggs. The force cannot be strong enough to carry the fluid into the uterus; and the meatus urethræ of the male does not coincide with the os externum, as is shown most clearly in the dog. The existence of valve-like or spiral folds, seen to move, particularly in the sheep and sow, offers an obstacle that can hardly be overcome by an injected stream. The additional theory that the canal of the cervix is open during coition, either by erection (Holst) or by reflex muscular action (Vieuvordt), is opposed by the fact of the close apposition of the walls and the compact structure of the organ.

The peristaltic action of the vagina was observed by Kehrer in animals. This may exist, but cannot alone act with sufficient force to carry the fluid through the cervical canal.

The absorbing power of the uterus, either by erection or by peristaltic action of the organ, has been asserted, but was not considered proven. Ducilliez and Kuss advocated this theory, holding to the view of its being effected by erection of the uterus—erection causing the formation of a cavity, and thus producing a vacuum. Objections are, that the mechanism of closure of the uterus, like that which is produced in the sucking mouth by means of the pharyngeal muscles, is not in accordance with our knowledge of the uterine muscles; no direct proof has been established either of erection or of peristaltic motion of the uterus; no such problematic force is necessary.

To prove that the seminal fluid is forced into the uterus by the piston-like action of the penis, it is necessary to show that the vagina is inflexible, has no pocket-like vault, and that it encases

the penis so closely that the fluid is allowed no other outlet than the cervical canal; all of which is known not to be the case.

The theory of capillary attraction was entertained by Spath and others. The relatively small lumina and thick walls of the uterus are well adapted to develop capillary force, but these lumina are already filled with a fluid of almost exactly similar consistence as the spermatic.

As to the spermatozoa being carried forward by ciliary motion, the cilia of the cervix and fallopian tubes move in an opposite direction to that which these pursue.

Self-movement of the spermatozoa was thought to account for their passage into the uterine cavity, other motive factors being perhaps auxilliary. The passage of the spermatic fluid *in toto* into the uterus is not proven, nor is it necessary. Dr. Blatner made experiments which showed the possibility of the emigration of these cells from their fluid; of their retaining their motive power in different fluids; and that this capacity is variable according to the nature of the fluid surrounding them. This migratory action has analogies in other cells. Direct experiment by Lott, on a bitch in heat, demonstrated the capacity of these cells to move along the canal unaided. Examination of animals or man shortly after ejaculation has taken place shows spermatozoa only in the vagina or beginning of the cervix; the observations of Sims and others, showing their existence higher up thus early, are not to be considered conclusive. Cases of conception without penetration show the possibility of spermatozoa moving from the vulva into the uterus. That such cases have occurred cannot be doubted. The acid secretion of the vagina is not favorable to their vitality, but this is neutralized near the os by the cervical secretion. The conditions then favoring impregnation are the deposit of the semen at the os externum, or within the lower part of the cervical canal, which is possible by the pressure of the penis and the force of ejaculation, aided, according to Sims, by the pressure of the cervix against the glans by the contraction of the superior constrictor vaginæ, and by the dipping of the cervix into the pool of semen in the vagina. Under these circumstances, it was believed the spermatozoa could most easily move to their destination.

ART. II.—*Varicose Ulcers: their Causation, Pathology and Treatment.* By C. C. F. GAY, M. D., Surgeon to the Buffalo General Hospital.

The so-called ulcers met with in old persons, and often in the young or middle-aged, whose constitutions have become impaired from dissipation, disease, or other cause, located near the internal or external malleolus, or sometimes higher, upon the tibia, will invariably be found, I think, associated with varicose veins. The altered condition of the veins holds the relation to the ulcers of cause and effect. Indeed, whenever my attention is called to these chronic ulcers, I invariably look for enlarged veins, and always find them. The veins, when enlarged preternaturally from causes above stated, lose their valvular integrity. Whenever the calibre of veins is enlarged, the valves cease to act mechanically to maintain the column of blood contained within them, and the result is a condition of *stasis* and *pressure*. If the calibre of a vein becomes enlarged, the walls of the vein draw upon and separate the valves; or, in other words, there is no corresponding enlargement of the valve, so that several short columns of fluid become converted into one column of considerable length and greater weight; therefore that fluid, which was before normally supported by valves situated at short distances from each other, remains now measurably unsupported. The veins finally give way under the unnatural pressure, and become dilated and tortuous.

The valves of veins are said to be, by anatomists, most numerous in the veins of the lower extremities, especially of the deeper vessels, and that they are absent in the superficial veins; and hence it may be argued that valves have nothing to do toward contributing to the existence of varicose ulcers. Admitting that these smaller veins have no valves, then it may be asserted with reason that their distension comes from want of, or absence of valves, producing in either case stasis and pressure, with enfeebled circulation and breaking down of the tissue, which is dependent for its vitality and integrity upon free, rapid and unobstructed circulation. Impetus is given to venous circulation by virtue of valvular arrangement and mechanism of veins. Especially is this true during exercise. Muscular contraction over or around veins causes the blood to flow

with greater velocity, provided the valves remain in their normal condition, since, while they prevent the current of blood from flowing backwards, they assist in propelling it forwards or toward the heart. Therefore the pathological condition is quite the same in either case, whether there are valves or no valves, since when valves are present they are rendered inefficient because of the preternatural dilatation of the veins,—the tissues will break down from want of proper nourishment, ultimately resulting in indolent ulceration, without any reparative power remaining to restore lost tissue. Persons whose occupations oblige them to stand long upon their feet are, it is believed, most predisposed to varicose ulcers. Persons in whom varices are present, whose occupations do not require them to stand upright much of their time, may enjoy an entire immunity, for an indefinite period of time, from the breaking away of the tissues and the formation of these troublesome lesions. That ulcers result in the case of one who has varices, while in another no ulcers appear, is explicable upon the demonstrable fact that *position* influences and increases the degree of stasis and pressure. To afford entire relief in varicocele it often becomes only necessary to support the over-loaded vessels by a suspensory bag, by prolonged use of which the vessels will return to their normal size. But palliative measures cannot be so readily and efficiently brought into requisition for the relief of over-loaded vessels and more extended columns of blood with sluggish circulation of the lower extremities; nor can the lesion under consideration, resulting therefrom, be so easily warded off and prevented; hence an operation of some kind or another, from time immemorial, has been resorted to with variable success, or, more properly speaking, perhaps, with invariably unsuccessful. The best treatment for varicose veins is the best treatment for varicose ulcers. To attempt the cure of the latter without attempting the cure, or at least, mitigation of the abnormality of the former, would be a mere waste of time; hence, in approaching this lesion with intent to cure, a two-fold object must be kept in view, namely: the simultaneous cure, by the same agency, of both the varicose veins and varicose ulcers. Several methods have been in vogue and recommended by authors, three only of which I will make mention, reserving until the last allusion to

that method which seems to the writer to be most worthy of trial, and which, in his hands, has never yet been attended by a single failure.

Authors heretofore have agreed in this, namely : that veins must be obliterated by some operation or other as an indispensable prerequisite to the cure of varices. I have nowhere seen the statement made that varices may be cured by the application of agencies that do not obliterate veins, but only contract them and lessen their calibre.

M. Velpeau's operation enjoys probably the best reputation for success of any operative procedure at present employed. This consists in passing a needle beneath the vein, laying a compress upon the vein and applying the twisted suture, and allowing the suture to cut its way out by ulceration.

This, or something very much like this method, is practised by Dr. Hamilton of New York, and is recommended by him in his recent and most valuable work on the "Principles and Practice of Surgery."

The most modern method, I believe, adopted for the obliteration of veins, and which is destined to meet with an ephemeral reputation, consists in the injection within the vein of the *sol. ferri persulphatis*. So far as I know, this is the most dangerous of all the procedures heretofore employed. Death from embolism has so often occurred from the injection of this fluid into the veins that those who were once most willing to use it have now discarded it altogether.

There are practitioners who put their entire trust and confidence in strapping. These strips of adhesive plaster must be cut from one half to three quarters of an inch in width, and of sufficient length to pass two thirds the distance around the leg, and imbricated when *in situ*. I can conceive of nothing better than these strips of adhesive plaster as a palliative means, but doubt very much their efficacy in effecting a radical cure. The application is required to be so long continued that patients could not be expected to persist in its use sufficiently long to derive any permanent benefit therefrom.

Dr. Gross gives decided preference to eschars produced by Vienna

paste. He states that he is invariably successful, and that no danger attends the application. I must dissent from the view taken by this high authority as regards the danger attendant upon the application of the caustic potash. There is danger in one respect only, namely : hemorrhage. I have known hemorrhage to occur in at least two cases after the slough had been removed from the eschar, where, had it occurred in the night time or when the patient was asleep, it would have proved fatal,— the venous blood flowing in a stream like that from a vein newly opened by the lancet. The selection and preference of one of the several procedures for the radical cure of varices are influenced measurably by the success of the operating surgeon.* If the employment of the ligature has been invariably attended with success and unattended with danger, there is no reason why the fortunate surgeon should seek for any method the results of which are less promising.

My own method is that recommended by Gross. Like this distinguished surgeon, I am able to say that all my cases have been successful, but must add that two of them were not altogether devoid of danger. Unless the patient be cautioned against such contingency, there may arise a venous hemorrhage that might prove disastrous. It is well, therefore, always to instruct patients how to apply the finger or make compression over the orifice, in order to arrest bleeding, in case such accident occur.

I use the potassa cum calce, rubbed up with alcohol, and apply it over the veins through an opening the size of a small pea made in adhesive plaster, taking care not to get the eschars in too close proximity, since danger might arise from two or three eschars running into each other as their surfaces enlarged, thus obtaining so large an eschar that it would be as difficult to close as the original ulcer. I usually place the eschars three or four inches apart, certainly no nearer together than this, — sometimes much further apart.

I think it unsafe to use more than five or six eschars lest erysipelas might supervene, and this number may be used simultaneously upon both legs. In twenty minutes the potash is washed off with vinegar, and the slippery-elm poultice applied over the whole leg,

including eschars and ulcers. In from three to four weeks I have invariably found that the ulcers have kept pace with the eschars in the reparative process, and that both have closed ; and in not a single instance yet have I seen any return of the ulcerative process.

Of course, in treating varicose veins by this or any other method, it is not expected that all of the veins that happen to be enlarged shall be operated upon, since in many cases they are so numerous that this would be simply impossible. If a half dozen of the larger veins be operated upon, and either obliterated or partially occluded, the remaining veins return of themselves to their normal condition.

It seems to make but little difference whether the eschar is applied to the cardiac or distal side of the ulcer. Necessity, however, compels their application almost always to the cardiac side, since the ulcers are situated low upon the leg. I have met with just as good results when the ulcer was located upon the middle third of the leg by applying the eschars below the ulcer.

While writing this paper, my attention has been called by my student, Mr. Bartow, to a case of varicose ulcer upon an inmate of the alms-house, and he has watched the progress of the spontaneous cure. Ulcers, in all respects like those produced by the caustic, made their appearance directly over the most prominently dilated veins. Adhesive straps were used, the slough separated, and the reparative process now commenced, both in ulcers over the veins and the ulcer about the ankle, and continued progressively to close up until the powers of nature, unaided, save by the adhesive straps, effected a spontaneous cure.

The surgeon and physician are wise if they rightly interpret the laws of Nature, if they lend an attentive ear to her teachings, and heed her warning voice, since it is not by power or might or legerdemain that cures are wrought, but by the silent, secret, and reliable forces of nature. The case to which reference has just been made is instructive, since, so far as it goes, it points out the true method of treating varices. It will not be found unwise, I think, if the surgeon imitate this example. Ulcers treated in the manner I have indicated get well undoubtedly. I can speak with

emphasis, and say that any ulcer, whatever may be its dimensions, provided only it does not encompass the leg, can be made to close up by the plan pointed out in this paper ; but now the question most naturally arises : Will the ulcers remain closed up ?

I have yet to see my first case of relapse ; nevertheless I am painfully conscious that the revolutions and revelations of time would show that the work must needs be done over again. But a few days since a gentleman presented himself at my office for advice. He had a large ulcer upon the dorsal aspect of the foot, and had also varices. He was operated upon by Dr. Hamilton twenty years ago for this same affection. The veins were tied at several points, and of course obliterated, and now, after this lapse of time and after having been subjected to the same causes which originally produced this abnormal condition, he returns for another operation,—and although the ailment has returned, there is no good reason why the operation should not be repeated, not using the needles, however, but, instead, the potassa cum calce. By its use the vessels are not obliterated, but are restored to their normal caliber, rendering the valves again efficient in their function to sustain a column of blood ; and with this changed condition the circulation is also restored in volume, velocity, and momentum.

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ART III.—*Elastic Rubber Bands in the treatment of Fractures.*

Notes by J. W. SOUTHWORTH, M. D., Toledo, O.

The fact that sections of rubber tubing are used for making extension in case of fractured or contracted limbs, and in the deformities of club-foot, is now well known and often taken advantage of by the profession. The elastic rubber stocking for compressing varicose veins, is also familiar. Perforated rubber tissue bandages are being introduced as a substitute for common dressings, as well as for the purpose of making continuous compression in the various enlargements or swellings of the limbs or joints. These make the amount and extent of pressure most easily and perfectly within the control of the surgeon. An advantage which all must concede to be of no little moment.

There are few of us, I apprehend, who have not unfortunately

found after a first or subsequent dressing of a broken limb, that the straps had become loosened, the splints and the fragments of bone displaced, which were so carefully adjusted, and treated *secundem artem*. This misfortune we have often, no doubt, very justly attributed to the imperfection of the means at our command; though sometimes very properly, to the refractory or careless disposition of the patient, this being most common in young subjects, whom by the way, it is more imperatively the part of the physician to "cure" with as perfect and useful a limb as possible. Such a desideratum, I am happy to state, from personal experience, is attainable by the substitution of elastic retention bands in lieu of the ordinary inelastic cloth bands or bandages, or straps of webbing. These elastic straps are most promptly improvised by taking the common rubber bands (from one-quarter to one-half inch in width, by two inches in length) found in the book or drug stores; doubling them, and passing strips of strong muslin or factory cloth through the doubled band so as to make it a part of the strap; thus allowing it to be stretched to the extent deemed advisable to produce the requisite degree of constricting force when applied around the splints.

In fractures of the fore-arm treated with two lateral splints, four such straps usually suffice for grown persons, and for children also; but in them the smaller sized bands (doubled) are to be used. In fractures of the leg or thigh more will be necessary, of course. Where two parallel lateral splints are used, as in fractures of the fore-arm, the rubber portion of the encircling straps must be placed between the opposing splints alternately on the superior and inferior borders, so as to counterpoise or preserve the balance of the constricting forces; and in cases of the arm, leg or thigh where more splints are used the rubber part of the straps should be likewise adapted to the interspaces of the splints, in order to attain the same object as nearly as possible.

By these means a sufficient amount of retentive force is *constantly* in operation, and if much swelling takes place there will be a conservative yielding of the encircling bands, which is not the case where cloth, webbing, or leather straps are used. Also, when the swelling subsides, no matter *how rapidly*, there is always a coincident as well as a commensurate adaptation to the diminished size

of the limb through the agency of the rubber; thus preventing as far as possible an accident, so much to be avoided in case of restless or refractory children, or even in older subjects. As an after-dressing, when osseous union has taken place and nothing but a precautionary use of splints is required, the use of these elastic bands or straps around either sole leather, paste board, or felt splints, is the most perfect dressing, in my estimation, yet devised. I am quite sure that those who resort to their application will not dissent from such conclusion.

If either of the above materials are used it will be found best to apply around them (after they have been softened with hot water) an ordinary roller, or a many-tailed bandage of cotton or flannel at first, substituting the elastic straps the next day or two, when the splints are well dried and set. In order to fix the splints quite immovably on the skin, a strap of adhesive plaster two inches wide and as long as the splint, may be placed lengthwise along the middle of it, with the non-adhering surface against the concave or inner side of the same; applying a short strip about an inch wide over and crossways of the long one, at the middle and at each end, so as to secure it firmly; thus affording an adhesive surface which will cause the splints to remain in situation most admirably after they are applied to the limb. This principle can be adapted to almost any form of splints, especially pasteboard, covered with cloth or not; to sole leather, felt, etc.

The most eligible, cheap and efficient after-dressing that I have ever tried, is the pasteboard covered with canton flannel pasted on (with the nap out),—so as to completely envelope the splints,—with thick starch paste immediately previous to their application; the roller or a many-tailed bandage being used until the splints are dry, then arranging the adhesive plaster as detailed above, using the elastic straps for retention afterwards. The pasteboard should be of the heavy "book-board" kind, two pieces being used for the fore-arm, arm, and leg; and three for the thigh. It should also be dipped in water before the cloth is pasted on, so as to render it sufficiently pliable to be moulded by the hands approximately to the contour of the limb as the cloth is put on; the bandage then being simply applied will complete the adaptation most perfectly.

It is of course understood that proper support by bandages will be given the injured limb below the seat of fracture, or at least up to the distal ends of the splints. By this plan we may bid good bye to the cumbersome plaster of paris after-dressing for all ordinary cases and circumstances.

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ART. IV.—*Rubber Bandage.* By U. C. LYNDE, M. D.

Compression, either by the common bandage or adhesive plaster, is employed by most surgeons in a variety of cases for the purpose of exciting the absorbents in the removal of effusions—as of blood, lymph, serum and synovia—and it has generally been recognized as a very efficient means of fulfilling the indication mentioned; but, as I usually failed with these methods of applying compression, I have been in the habit, lately, of using a bandage made of rubber tape. The fixed bandage will slacken on the least diminution of the size of the part to which it is applied. If the common bandage is applied, with a compress, over an enlarged bursa, the parts will shrink under the pressure, and, though not a drop of the contents of the bursa has been absorbed, the bandage will slacken and exert little or no influence on the absorbents. Admitting, however, that the common bandage, or adhesive plaster, will, when first applied, press upon and cause a certain amount of absorption, however little that may be, the bandage is loosened thereby, and no longer avails anything until re-applied by the surgeon; but, if the bandage is made of rubber tape, the pressure will be continuous, the diminution in the size of the part causing no appreciable difference in the pressure made by it. By means of a bandage made of this material I have been enabled to effect the cure of recently enlarged bursa over the patella and olecranon in two days, and of dropsy of the synovial membrane surrounding the tendons of the flexor sublimis and flexor profundus digitorum muscles, of six years duration, in less than a week; and that, after the failure of the common bandage, iodine, blisters, &c. The ganglions, called weeping sinews, so common about the wrist, will yield readily to this mode of bandaging.

A piece of binders' board fashioned to the size and site of the tumor, with a layer or two of cotton wadding interspersed between

it and the skin, while the opposite side of the wrist is properly protected with the same material, will be all the dressings the parts will need before applying the bandage. I have in some cases bandaged the fingers and applied a wide and well padded splint to the opposite side of the wrist to avoid all possibility of strangulating the circulation in the hand. In using the rubber tape as a bandage it is only necessary to apply it over the tumor, the common roller being used to complete the dressing. Wherever compression is to be used with a view of producing absorption, there is none but the rubber bandage that is worthy of a trial; but we need an article, manufactured expressly for surgical use, that shall vary in width and power to suit emergencies, but the rubber tape that can be procured at any variety store will answer in most cases.

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Miscellaneous.

Thoracentesis.

Remarks from a Report of Twenty Cases. By Prof. AUSTIN FLENT, M. D.

In these twenty cases, thoracentesis was performed *five* times in one case, *three* times in one case, *twice* in eight cases, and *once* in each of the remaining ten cases—the whole number of operations being *thirty-three*.

In fourteen of the twenty cases, the liquid withdrawn from the chest was serous in character; in one case it was sero-sanguinolent, and in five cases it was purulent.

A fatal termination was known to have occurred in nine cases. In one of the fatal cases, the history, after the operation, was imperfect. In seven of the remaining eight cases, causes of death existed aside from the pleuritic affection, as follows: In one case the pleurisy was double, and there existed pericarditis and renal disease. In three cases pneumo-hydrothorax preceded and followed the operation, and in one of these cases the pleurisy was double, and peritonitis was a complication. Tuberculous disease existed in these three cases. In one case the pleurisy was associated with hydroperitonæum, dependent on cirrhosis of the liver. In one case the autopsy revealed pulmonary apoplexy with cardiac lesions, and in one case the heart was notably atrophied. In the remaining case the affection was empyema. In all the fatal cases

the operations produced relief of suffering from dyspnœa, and in one case it apparently averted impending death.

Of the five cases in which the affection was suppurative pleurisy or empyema, in all, the operation was attended with notable relief. In one case it apparently averted impending death. In one case the operately successful as regards recovery, the chest eleven days afterward being free from liquid. In three cases, improvement after the operation was progressive, and recovery was probable at the date of the last record, the patients then passing from under my observation.

In four cases pneumo-hydrothorax existed. In three of these cases the pneumo-hydrothorax was due to perforation incident to tuberculous disease. The pneumo-hydrothorax in two of the three cases was known to have existed prior to the filling of the pleural cavity with liquid, and in the third case this was a rational inference from the previous history. In each of these cases the operation of thoracentesis reproduced the pneumo-hydrothorax, air escaping into the pleura through the perforation of lung. In each of these three cases thoracentesis gave immediate and marked relief from dyspnœa. In one of the cases of pneumo-hydrothorax, this affection was developed after thoracentesis, perforation of lung taking place from without inward. In this case there was complete and permanent recovery.

In four of the cases in which the pleurisy was simple, that is, the effused liquid being serous, the operation was followed by recovery, valvular lesions and enlargement of the heart existing in one of the cases; and in one case the history did not extend beyond a few days after the operation.

Finally, in not one of the twenty cases did the operation fail in giving immediate relief more or less marked, and in not a single instance was there evidence of any ulterior bad effects.

As an addendum to this report, I subjoin, without any discussion, two propositions which seem to me to embody rules of practice as regards the employment of thoracentesis, and also a few remarks on the performance of the operation.

1. Thoracentesis should be resorted to without hesitation or delay whenever an accumulation of liquid or air within the pleural cavity compromises respiration sufficiently to endanger life, or occasion extreme suffering from the want of breath. This rule of practice applies to serous effusion as well as to empyema, and also to cases of pneumo-hydrothorax. Lives are sometimes saved by the operation. Complete recovery may follow; but the palliation of suffering, under the circumstances stated, furnishes a sufficient indication.

2. Thoracentesis is indicated in cases of pleurisy with considerable serous effusion, although the respiratory function be not compromised sufficiently to occasion any dyspnœa when the patient is at rest, provided the effusion do not diminish speedily

under treatment with diuretics, hydragogues and blisters. It is far better to resort to the operation under these circumstances than to persist in the use of the measures just named. These measures are perturbatory, debilitating, and often slow in their operation in the cases in which they prove effectual, whereas the removal of the liquid by puncture of the chest is immediate; it does not enfeeble the patient, and occasions no constitutional disturbance. Moreover, thoracentesis, resorted to early, has this great advantage: it is likely to be followed by an easy and full expansion of the lung. The long-continued condensation of lung by the pressure of liquid, the investment of the lung by layers of lymph which become dense with age, and adhesions from newly formed tissue, are obstacles in the way of this result.—*Archives of Scientific and Practical Medicine.*

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Clinical Remarks upon the Treatment of Syphilis.

By Professor WILLARD PARKER, M. D.

This man whom you now see is suffering from tertiary syphilis, and that is the cause of this diseased bone upon his skull.

In connection with this case I will say a few words concerning the treatment of syphilis.

It generally occurs in those men who are addicted to the use of alcoholic drinks. It may be in the gentleman who takes his bottle of wine at dinner, or his hot drink at bedtime; who lives pretty thoroughly upon his tobacco, and then the third partner in the firm comes in in the shape of syphilis. The trio consists of rum, tobacco and syphilis.

A vast number of our men who undertake to treat syphilis, treat the syphilis alone, never thinking to break off the rum and tobacco. The patient can never get well under such circumstances. With these three enemies in the system what chance can the doctor have to rout one while the other two stand ready to neutralize his efforts by carrying in sustenance for the third? I make it my rule, never to undertake the treatment of a case of syphilis unless the patient will give up his tobacco and rum, and co-operate unreservedly with me in the management of his case, and then it is comparatively an easy matter.

This is a practical point worth abiding by. Again, whenever a man has a constitutional disease, whether scrofula or syphilis or tuberculosis, or other disease, that man's system is *below par*; it is never up to the getting-well point. The first great step then is to try and bring them up to that point. Syphilis demands the quiet effects of mercury. I am aware that I differ with many of my brethren in the treatment of syphilis, but I believe that the poison of syphilis can only be removed from the system in almost all cases by the judicious and wise use of mercury. This mercury is to be

used wisely and in moderate doses, so as not to impair the vigor and health of the system. Very often it is important to make use of some tonic at the same time, such as quinine or the preparations of bark. These have been my convictions for a great many years, and I give them as the result of my own practical observation, and have never seen any reason to vary the conviction, that iodide of potassium alone cannot overcome the syphilitic poison in the system. The iodide of potassium, however, is a very valuable remedy in treatment of syphilis, but it comes in after we have accomplished our purpose with mercury, in order to remove any deleterious effects of mercury which may be left in the system. Here its value cannot be overestimated. The powerful effect which the iodide of potassium has upon the system, especially where mercury has been employed pretty freely, is sometimes seen in the profuse ptyalism which it produces, and if the syphilis receives any benefit from the administration of the iodide of potassium, I believe it is in those cases which have heretofore been treated with mercury and the iodide arouses the mercury to new action. You can remove mercury from the system by the use of iodide of potassium, but you can never remove syphilis by using it. At the same time we use iodide of potassium in order to get good results in the system, I almost always employ the iodide of iron, as you see in this case. The point is, as has been stated, to bring the system up to par. The usual formula which I employ consists in six drachms of the iodide of potassium, one ounce of syrup iodide of iron, and make a six or eight ounce mixture. When this man first came here he was exsanguineous, and had a hang-dog look, but now his face looks ruddy and his system is fast getting into the proper condition for the manufacture of good blood. His system is being brought up, and now if injures himself in any way, proper reparative processes will at once be instituted. The plan which I adopt and recommend in the treatment of syphilis is as follows: Take a case of genuine Hunterian chancre. I commence with the administration of iodide of mercury in one-half grain doses twice in twenty-four hours, combined with something, perhaps hyoseyamus or lactucarium, to prevent irritation of the mucous membrane of the intestinal canal. Continue this, in connection with a true diet, consisting of simple plain material and such as will produce healthy blood, embracing breadstuffs, eggs, milk and meat twice a day, and, cutting off entirely tobacco and all alcoholic drinks, continue the doses until the feeling of hardness about the chancre is all gone. Then stop the remedy, and watch the patient. If the disease begins to come out in the system, manifesting itself by glandular enlargements, diseases of the skin, affections of the fauces, or any one of these evidences, which shows that the poison is still in the system, resume the mercury as before and continue it until the disease has again passed away. It will be necessary to watch these patients for a long time, at least for months, and perhaps for a couple of years or more.—*Medical Record*.

On a New Mode of Treatment of Functional Dyspepsia, Anæmia, and Chlorosis.

By C. E. BROWN-SEQUARD, M. D.

In 1851 I had to treat a very bad case of dyspepsia, and succeeded to cure the patient by a plan of treatment which, I think, deserves attention. Since that time I have employed it with complete or partial success in a number of cases of dyspepsia, of chlorosis, of anæmia, and also as a means of ameliorating or curing nervous affections caused by gastric disturbances or poverty of blood. I could not say, as I have not kept notes in all the cases, how many times it has succeeded or failed. In a number of instances where failure occurred, I have found that the patients had not carefully followed the rules, and that the failure was, at least in a good measure, due to this lack of care. In two cases only some increase of flatulency and of acid eructations took place during three or four days, when the plan was given up. In a case of dropsy, attended with anæmia, dyspeptic pains were increased for a week, when the plan was abandoned. These are the only instances I remember in which some bad effect was produced by this plan, and this aggravation soon ceased.

The first patient I submitted to this plan was a scientific man, 34 years old, of strong constitution, but reduced from several causes to a lamentable state of health. For about eight years he had been working very hard, taking no exercise, and living almost all the time in a vitiated atmosphere. He slept very little, and usually passed 18 or even 19 hours a day writing, reading, or experimenting. His diet was miserable, and, with the object of avoiding the need of much food, he took a great deal of coffee. He gradually, though slowly, became exceedingly weak. His digestion, which had been very good all his life, before he began to work so much, had gradually become very bad. He suffered greatly from pyrosis, and a feeling of great distress, and gastric distention after each meal. Acid eructations and gas were frequently thrown up into his mouth, and when he did not vomit he found that his food remained on his stomach so long, that in the morning he frequently rejected things eaten the previous day. At last he had to give up work and stay in bed. But no improvement occurred from the rest he then had, or from various modes of treatment. His emaciation and weakness and dyspeptic symptoms increased, and his friends decided to have him removed to the country. But he was so weak that he had to be carried in a litter to the railway station. After a few days, finding that he had not improved, I decided to try a radical change of his alimentation, as regards the quantity of food to be taken at a time. Instead of *three* meals a day I made him take *sixty* or more. Every twelve or fifteen minutes he took two or three mouthfuls of solid

food, chiefly meat and bread. He drank a little less than a wine-glass of Bordeaux wine and water every thirty or forty minutes. On the very first day this mode of alimentation was begun, his digestive troubles* disappeared, and within a week he was so well that he returned to Paris, not, however, to go to work again, as he had been rendered wiser, but to prepare to go to the seashore. He continued the same mode of alimentation for about three weeks, and then gradually diminished the number of his homœopathic meals, and increased the amount taken at each of them, until in about 8 or 10 days he came to eat only three times a day, and a full meal at each time. His strength during the first week had become almost as great as it ever had been previous to his illness. Since that time up to this moment his life has been one of great hardship, which he has borne remarkably well, and dyspepsia has only troubled him in a slight degree, rarely and for short periods.

In one case only besides the preceding have I seen as rapid a return to health. That was the case of a young lady, whom I saw last year at Jamaica Plain, in consultation with my learned friend, Dr. S. Cabot, of Boston. In the case of this lady there was this additional good effect to this hygienic treatment, that the bowels, which were very costive before, began to act pretty well almost at once.

The plan, as stated in the above case, consists in giving but very little of solid or fluid food or any kind of drink at a time, and to give these things at regular intervals of from ten to twenty or thirty minutes. All sorts of food may be taken in that way, but during the short period when such a trial is made, it is obvious that the fancies of patients are to be laid aside, and that nourishing food, such as roasted or broiled meat, and especially beef and mutton, eggs, well-baked bread, and milk, with butter and cheese, and a very moderate quantity of vegetables and fruit, ought to constitute the dietary of the patients we try to relieve. This plan should be pursued two or three weeks, after which the patient should gradually return to the ordinary system of eating three times a day.

It is hardly possible to give more detailed rules as regards this hygienic mode of treatment. On the one hand I have found few persons willing or able to follow it fully. On the other hand, many patients, especially those who have no dyspepsia, do not need to take so minute an amount of food at a time. Besides, it is certain that the quantity of food required varies notably in different persons. Prof. John C. Dalton states that the entire amount of food needed by a man in full health and taking free exercise is: of meat, 16 oz. av.; bread, 19 oz.; fat, 3½ oz.; and of water, 52 fl. oz.; i. e., about 2½ lbs. of solid food, and rather more

*One of the symptoms which had preceded the others — merycism, persisted, and has remained ever since, being now as before of daily occurrence.

than 3 pints of fluid. According to Dr. Edward Smith and other European hygienists, the amount of solid food and of water required each day is notably larger than that marked out by the able American physiologist I have named. My experience with the patients on whom I have tried the plan of feeding above mentioned, shows that the amount of solid food required by an adult is nearly always as follows : from 12 to 18 oz. of cooked meat, and from 18 to 24 oz. of bread. As regards the quantity of fluids I have allowed, it has always been notably less than the amount indicated by Dr. Dalton (3 pints), and by Dr. E. Smith ($4\frac{1}{2}$ to 5 pints).

I hardly need say that in carrying out the plan I propose, attention must be paid to three points : 1st, the liking and the disliking of certain things by the patient ; 2d, the importance of variety in food ; 3d, the digestibility of certain things compared with others, digestibility which varies immensely in different patients. When I found that there was no disgust for a meat and bread diet, I ordered that roasted beef or mutton, with bread, be the almost only kinds of solid food taken. But most patients were either soon disgusted with this diet, or refused even to try it. Having ascertained this, I allowed the selection by each patient of his own dietary, insisting, however, that the quantity of cooked meat should be at least 12 oz. a day. The most varied diet as regards the kinds of food can be followed, however, under this plan as well as when one has only two or three meals a day. The only absolutely essential points are that the amount of food taken every 10, 15, 20 or 30 minutes be very small (from two to four mouthfuls), and that the quantity of solid food in a day be from 32 to 40 oz., or a little less when, instead of water, the patient drinks beef-tea or milk.

I will not enter into long explanations to show how a marked benefit or a cure can be obtained in functional dyspepsia, in anæmia, and other affections by this mode of alimentation. I will simply say that the facts I have observed agree with the view that we are naturally organized, like most if not all animals, to eat very frequently, and not, as we do, two, three, or four times a day. It seems certain from the facts I have observed that functional dyspepsia, when once it has begun (never mind by what cause), is kept up and increased by distention of the walls of the stomach. This fact is already well known, and physicians generally recommend that the quantity of liquid taken be very small, and that the solid food be as nourishing as possible, so that its bulk may be reduced, with the view of avoiding great dilatation by the fluid and solid substances introduced in the gastric pouch. But although deriving some benefit from this diminution of distention, many patients continue to suffer who might be benefited or cured by the plan I propose.

It may be asked if there is no danger that distention of the

stomach, by a full ordinary meal, after a patient has followed for two, three, or four weeks the plan I propose, would not be more difficult and a source of greater trouble than before that organ had been allowed to contract considerably during the time this plan has been pursued. Facts answer this question in a way that leaves no doubt. There has never been in the cases I have attended the least trace of an increased trouble due to that cause. Even those patients who have not derived benefit from my plan of alimentation, and among them two who had while following it more acidity and flatulency, have, at any rate, had no increased trouble after having given it up. It is probable that the good obtained from this plan in dyspeptic patients depends at first on the rest given to the irritated stomach, and subsequently on a great amelioration in the quality of the gastric juice.

In anæmia and chlorosis, not complicated with dyspepsia, the advantage of this plan lies in the rapidity of formation of blood from the notably increased amount of food that the patient can digest.

I have made but very few trials—and incomplete ones—of this plan in cases of organic affections of the stomach. I cannot but think, however, that it deserves being tried in most of such cases.

Against the obstinate vomiting of pregnancy this plan has already been employed successfully by a number of physicians, and once by myself in a case in which many modes of medical treatment had failed. — *Archives of Scientific and Pract. Medicine.*

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On the use of Pancreatic Emulsion in the Wasting Diseases of Children.

Horace Dobell, M. D. (*Practitioner*, October, 1872), proposes this remedy for that wretched form of atrophy, debility and marasmus in children, where every part of the body wastes away except the abdomen, the state described by Dr. Druitt in his *Vade Mecum* in the following few and graphic words: "Emaciation and voracity; the belly swelled and hard; the skin dry and harsh; the eyes red; the tongue strawberry colored; the breath foetid; the stools dark-colored and offensive; the bowels sometimes costive, sometimes extremely relaxed; the patient usually dies hectic." The author desires to bring prominently forward that this state, provided there is no advanced lung disease, is rapidly cured by pancreatic emulsion given given in doses of a teaspoonful every four hours, and regularly persisted in until fat and flesh are restored. It is, of course, necessary that a proper diet should be insisted upon at the same time; but proper diet without the pancreatic emulsion will not do. In addition to the stress laid upon the influence of the salivary and

pancreatic juices upon the digestion of starch, in Dr. Prospero Sonsino's paper, the author says we must not forget the action of the pancreatic juice upon fat; and it is probable that the two functions of the pancreas are sufficiently independent of each other that they may act separately. As shown by experiments, in addition to the action of the pancreas upon fats, it has the power to convert starch into glucin by simple mixture, and this property remains to a certain extent after the pancreas has exhausted its power of acting upon fat. It is possible, therefore, that in different states of depraved health, the one or the other of these properties may be deficient. It is evident that when the power of digesting fat fails to be developed at the proper time, the effect must tell with double force upon children already suffering from deficient digestion of starch.

The children who become the subject of the kind of wasting now spoken of are especially: (1) those suckled by mothers whose milk, though abundant, is extremely deficient in nutritive properties; (2) those brought up by hand; (3) those who, at a later period of childhood, have been subjected to similar chronic defects of diet. It is especially when the mother's milk is poor in fat and lacticin that the child becomes dissatisfied and craving; and, in the majority of cases, it is this that first leads to the introduction of farinaceous food, under the popular nursery belief that it is satisfying. As Dr. Sonsino says, if this is given before the power of digesting starch becomes established, of course nothing but mischief can be the result. In the same way that the mother is deprived of fat elements by lactation, so is the child deprived of them by persistency in a diet deficient in milk. The injury is a double one, first by cutting off the supply of fat elements necessary for the protection of the tissues, secondly, by paralyzing the functions of the pancreas by prolonged inactivity. This latter is a point, the author thinks, deserving great attention, and thus accounts in great measure for the impossibility of restoring those ill nourished, wasted children by any kind of natural diet after they have been allowed to remain in a chronic state of defective nutrition. The author cites three of the very numerous cases where he has seen pancreatic emulsion administered followed by almost magical recoveries. No amount of milk or cream will take the place of the emulsion, the explanation why, notwithstanding milk is also an emulsion of fat, the author thinks turns upon the following points: (1) The fineness of the particles of fat in the pancreatic emulsion; (2) the permanent character of the molecular mixture; (3) the fact that different fats in the pancreatic emulsion, consisting, principally, of stearine, margarine and palmitine, have a high melting point, thus differing from the fat of milk, oleine, which has a low melting point.—*Boston Medical and Surgical Journal.*

Replantation of Teeth.

An article in the January number of the "Dental Cosmos," on "Replantation of Teeth," leads me to state that in my practice replantation of teeth has nearly ceased to be an experiment. Within the last three years I have successfully performed the operation on five teeth (two for one patient). In each case the tooth was badly decayed, and the root ulcerated. After extracting and treating the tooth socket, I treated the root, and filled not only the cavity but the nerve canal in the root, and replaced the tooth, and without an exception each operation has been a perfect success.

The first patient whose tooth I treated in this way was a young man with whom I was very intimate; he had an ulcer, which gave him much trouble, on the superior incisor. It had been filled several times with different materials without satisfactory results, and he was obliged to have it extracted, and as an experiment I offered to undertake the operation of replacing it, after removing the ulcer and properly filling the tooth. The operation consumed about seventy minutes. There was much sensitiveness about the tooth at first, which soon subsided, and about a year afterward he had the other superior incisor treated in the same manner.

It is now over two years since the last operation, and, to use his own words, "They are the best teeth I have." Since then I have performed the operation on three different patients, and every case has proved a perfect success. — *J. O. Smith, Babylon, L. I., in "Dental Cosmos."*

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Editorial.

Twenty-fourth Annual Meeting of the American Medical Association.

The annual session of the Association opened at St. Louis, on the 6th inst., in Masonic Hall, there being present about four hundred members. The meeting was called to order by Dr. D. W. Yandell, of Louisville, the retiring President. After prayer had been made, Dr. John S. Moore, on behalf of the profession of St. Louis, gave an address of welcome, when the President elect, Dr. Thomas M. Logan, of Sacramento, Cal., took the Chair. Dr. J. B. Johnson, Chairman of the Committee of Arrangements, presented his report, and said that the members were invited, that evening, to attend a musical soiree; the next evening, a levee at the house of Col. J. D. Morrison; on the evening of the 8th, a lecture by Dr. J. J. Woodward, of Washington; on Friday afternoon, an excursion in carriages to Tower Grove Park and other points of interest. The Committee on Ethics, with Dr. N. S. Davis, Chairman, was appointed to decide as to the admission of gentlemen whose title to seats had been protested.

The President, Dr. Logan, then delivered an able address, encouraging the demand for a high standard of preliminary attainment in those entering the study of medicine, and congratulating the profession upon the measures adopted by Harvard College for the better qualification of its medical graduates. The tendency of the science of medicine in its progress of late is not to nihilism and expectancy merely, to the enlightened mind of the scientific physician it is towards exactitude and completeness. According to the advance in this direction is the value of the physician's aid enhanced. Respecting the influence or want of influence the profession has among the public, he says: "Just so long as society is ignorant of the knowledge which will enable it to rightly judge of the fitness of a profession to its wants, so long will there be impertinent interferences and quackery. Especially is this so in a country like ours, where every one is left to exercise their own judgment and choice. But let the people fully comprehend the laws by virtue of which they live, move and have being, and there will be no danger of their tampering with their highest earthly interests. Now it is just here to this point that I desire particularly to call your attention. It has been conceded that one of the greatest wants of the profession is some suitable and adequate means of communication between itself and the people. The science of hygiene is not above the people but for them. Let us throw away all puerile notions of the dignity of our calling and approach the people through the only channels by which they can be reached—the newspaper and the lecture-room. This is our work for the future—to educate the people. Too long for our interest and that of our race have medical men ignored this important duty. With dull apathy we have seen most other professions seeking to avail themselves of this power. When I recommend as one of the means of widening the usefulness of the Association the judicious instruction of the community in the science of life, I do not wish it to be understood that we are to do more than spread abroad such sound ideas of enlightened hygiene as will enable the people to co-operate with us in correcting all those formidable obliquities which are insiduously polluting the stream of humanity; so that our race may move onward and upward in purity of type to a higher and nobler manhood. In furtherance of this end I believe our Association will exert a powerful influence." In conclusion he suggested the holding of biennial meetings at Washington, and alternate ones at different points throughout the country.

A committee for the nomination of officers was appointed, consisting of one representative from each State. A communication from Dr. S. D. Gross, of Philadelphia, suggested that action be taken on an amendment to the Constitution proposed last year, that instead of a report on medical education, on medical literature, and climatology and epidemic diseases, there shall be annually delivered before the Association at its general meetings, an address in medicine, an address in surgery, an address in midwifery or the diseases of children. Dr. Woodward of Washington, presented a communication from

John M. Cuyler and nineteen other army surgeons, requesting such action as would assist in placing the medical gentlemen of the army on an equal footing with those of the navy, as well as with the officers of other staff corps of the army; also the admission of the young physicians of the country to the ranks of the army medical staff. A committee of five were appointed to memorialize Congress upon this subject, consisting of Drs. Kellar of Louisville, Askew of Delaware, Toner of Washington, Murphy of Cincinnati, and Davis of Chicago.

Dr. Carson, of Ohio, read a report of a committee upon medical education. The committee, recognizing the defects in medical education, were opposed to schemes to place the interests of that education under the control of the Government. There are limitations on medical education which are beyond the power of the profession or that Association to control to any great degree, but there is much in relation to the methods of medical teaching which is largely within the personal efforts of members of the profession to control. While not responsible for failure in the first direction, physicians are in the latter to a great degree. The remedy relied upon was personal efforts of members, and discussion before the Association, and not endeavoring to exercise legislative functions towards teaching bodies. The report was referred to the committee on publications.

A report of Dr. Yandell, Sr., of Louisville, on medical literature was read. It referred with pride to the progress of this literature in this country, which is such as to inspire high hopes and to render medical students independent of foreign authors.

No essay prize was awarded this year. The Secretary read a list of names of those who had been appointed to represent the American Medical Association to the British Medical Association, and announced that the commission of the delegates would be made out immediately. The following named gentlemen compose the list: Drs. F. G. Smith, C. Wistar, J. S. Cohen of Philadelphia; Dr. E. Warren of Baltimore; Dr. C. L. Ives of New Haven; Dr. Edward Montgomery of St. Louis; and Drs. F. Barker, E. Segum and J. C. Hutchinson of New York.

Upon recommendation of the committee on nominations, Dr. Johnson of St. Louis, chairman, the following officers were elected: President, Dr. J. M. Toner, District of Columbia; Vice Presidents, Drs. W. Y. Gadbury, of Mississippi, J. M. Keller, of Kentucky, N. C. Husted, of New York, L. F. Warner of Massachusetts; Treasurer, Dr. C. Wistar, of Pennsylvania; Secretary, Dr. T. A. McGraw, of Michigan; Committee of Arrangements, Drs. Brodie, J. A. Brown, M. Stewart, J. F. Noyes, E. W. Jenks, H. F. Lyster, D. O. Farrard, and Eugene Smith, all of Detroit.

The Treasurer reported that the balance in hand was \$496.76.

A number of reports were read and referred to appropriate committees. Among these was an interesting report on the hospitals of the United States.

A lengthy report by Surgeon Guyon, U. S. N., was referred to the committee on medical education.

It was stated in a report by Dr. Toner, of Washington, that the number of medical societies in the United States is 405, of medical hospitals 174, also there are 82 public hospitals, together treating annually 144,750 patients.

Dr. Frederick Horner, Jr., U. S. Navy, offered a resolution that the American Medical Association appoint a committee of one member from each of the original thirteen States of the Union, to report at the centennial celebration, on the medical, surgical and biographical literature of the period of 1776. As a tribute to Joseph Warren, Benjamin Rush, Arthur Lee, Gen. Hugh Mercer, and other noble and patriotic physicians who aided to secure American independence, the resolution was adopted.

On motion of Dr. Peck, of Iowa, it was voted that the President and Secretary petition the next Congress, in behalf of the profession, for the issue of an edition of Volumes one and two of the first part of the "Medical and Surgical History of the War," such as to permit of its general distribution. It was voted that a committee be appointed to communicate with the Royal College of Physicians of London and request a representation of the Association in the first decennial revising of the "Nomenclature of Diseases." A resolution adopted on motion of Dr. Toner expressed the desirability of having an International Medical Congress meet at the time of the celebration of the American Centennial to determine upon a uniform classification and nomenclature of diseases. An honorarium of \$500 was voted to the permanent Secretary. The appointment of members of the nominating committee from the thirteen original States was deferred till next meeting. Thanks were voted Col. Morrison, Henry Shaw and the citizens of St. Louis, also Dr. Woodward for his lecture. It was voted to employ stenographers and to publish each morning a report of the previous day's proceedings, during the sessions of the Association in the future. Dr. Logan, in his farewell address, mentioned the important and beneficial influence the Association had in California, and would have throughout the country hereafter. It was resolved to hold the next annual meeting at Detroit, commencing on the first Tuesday of June, 1878.

We understand that the meeting was a very pleasant one, and that the entertainments afforded were highly enjoyed. For our report of the session we are indebted to the St. Louis dailies and to the kindness of Dr. N. C. Husted, of New York, who was there present.

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OBITUARY. — It is with sincere regret that we announce the death, on May 8th, of Dr. Hiram Taber, of Marilla, in the forty-sixth year of his age. Dr. Taber was a graduate of the Buffalo Medical College in the class of 1852, and has been in the active practice of his profession ever since. He was a gentlemanly, kind and educated physician, beloved by his patients and professional

brethren. We have for a long time enjoyed his acquaintance, and shall sadly miss him from our circle of professional friends.

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ERIE COUNTY MEDICAL SOCIETY. — The Erie County Medical Society will hold its regular annual meeting at the rooms of the Buffalo Medical Association, on TUESDAY, June 10. It is hoped that this meeting will be largely attended, and that every member will make an effort to be present.

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MEDICAL BOOKS. — We would call the attention of our readers to the catalogue of Messrs. Lindsay & Blakiston, contained in the present number. This list comprises many eminently practical works. It will be seen that this house have made arrangements with the Messrs. Churchill, of London, whereby they are prepared to furnish their publications at reduced rates. Many of the works published by Lindsay & Blakiston have taken their place as standard publications.

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Books Reviewed.

A Hand-Book of Post-Mortem Examinations and of Morbid Anatomy. By Francis Delafield, M. D. New York: William Wood & Co., 1872. Buffalo: H. H. Otis.

A work of this character has been for some time one of the unsupplied necessities of the profession. Physicians who have found it necessary to make post-mortem examinations, either in search of pathological facts or in behalf of the authorities, have often found their labor lost on account of a lack of knowledge of the steps to be taken in making a proper post-mortem examination. The carelessness with which some of these examinations are made, and the total disregard of pathological teachings which characterizes the testimony presented to many of our coroners' juries, tend to convince those who are cognizant of the facts that there is a great need of reform. But as long as the profession continue to "go it blind," as it were, just so long will "heart disease" and "apoplexy" continue to constitute the verdicts rendered by our coroners' juries. We know of no one who is better calculated to write a book of the character of the one under consideration than Dr. Delafield. His large experience in post-mortem examinations and in the department of morbid anatomy, has borne fruit of which the profession may well be proud. The work may be looked upon as a guide, whose reliability need not be questioned, and whose devotion to facts, rather than theories, will render its teachings a thousand-fold more valuable.

The work is divided into four parts: Part first treats of the method of making post-mortem examinations; Part second of the lesions to be observed

in different portions of the body; Part third considers the lesions found in cases of general disease, of poisoning, and of violent death; Part fourth is devoted to a consideration of tumors.

Each division of the work is well written, and the remarks of the writer are based upon established facts, it being his desire to present a book to the profession which would serve as a guide in making post-mortem examinations rather than a work on pathology. The methods of making post-mortem examinations are well given, and no physician who follows the teaching of the author need go far astray in his examination. This portion of the work occupies about forty pages. The succeeding two hundred and sixty pages are taken up by the second division. The several lesions observed in the different organs of the body are all carefully given. This will be found to be an interesting and valuable portion of the work. The remaining pages—about seventy in number—comprise Parts three and four, and are written in the general good style which pervades the whole work. The classification and names of tumors given are a modification of those proposed by Virchow; the modifications, however, are slight. The book is one which all physicians should read, and which should be especially studied by those in the habit of making post-mortem examinations; it is to this class that it will be found to be of especial value. We cannot too highly recommend it to the attention of the profession.

Diseases of the Urinary Organs. By John W. S. Gouley, M. D.
New York: Wm. Wood & Co. Buffalo: H. H. Otis.

Any new help that may be afforded in the management of the surgical diseases of which this work treats, will be received no doubt, with welcome. Our author's extended experience with these diseases, both in public and private practice, eminently qualifies him to speak with authority, while his methods commend themselves by their practical ingenuity and efficiency.

The book, which deals only with the male subject, has the happy character of clinical observation and teaching. A point of especial interest to practitioners in general, is that of the catheterism of strictures, and to this Dr. Gouley has given much attention. He says:—

Granular urethritis, in accordance with the views of M. Desormeaux, which I believe to be correct in the main, is the formative stage of stricture. This chronic inflammation, if allowed to progress, ends by destroying the mucous glands, and the membrane loses its identity; its epithelial investment soon ceases to afford any protection against the irritating urine, as most of the cells are cast off before they are fully developed, and pass away as pus corpuscles. In the next stage, there is cell-proliferation in the meshes of the mucous membrane, and also in the sub-mucous connective tissue. In the third stage the new cells are transformed into fibrils, after which retraction takes place as in the tissue of cicatrices, and then the true organic or nodular stricture is developed.

In the treatment of the formative stage he uses dilatation with bougies and sounds; and if after six weeks or two months of treatment by dilatation and expansion the discharge still persists, the obstinate granular urethritis is treated on the same general plan as granular lids—with mitigated nitrate of silver, weak solution of sulphate of copper, &c. For penetrating strictures difficult of passage, the author has devised and made use of capillary probe-pointed bougies of whalebone, which can by manipulation, be insinuated into the bladder, when over one of these, as a center, is easily passed a tunnelled sound by which dilatation is effected. If a single whalebone guide is hindered in its course, others are introduced by its side till the passage is penetrated. These means have been very successful in cases where the ordinary bougies fail of introduction.

In preference to urethrotomy, he always prefers, in strictures beyond the pendulous portion of the urethra, employing divulsion by sounds or by an instrument for the purpose. Warning against the use of undue violence to the urethra, and its liability to the causing of urethral fever of a violent and sometimes speedily fatal character, is strongly impressed upon the reader.

His remarks upon external perineal urethrotomy are extended and valuable. He says that the retention of a catheter in the bladder after the operation, even for forty-eight hours, is not only unnecessary, but harmful; that it does not fulfil the indications for which it is used, and is, as a general rule, attended with danger. He gives the history of thirteen successful cases in which no catheter was retained after urethrotomy for stricture, and as many similar after the same from traumatic lesions, though after complete traumatic division or occlusion, an exception to the rule may possibly be made.

In retention of urine and extravasation of the same, he recommends the attendant to make the initial incisions for urethrotomy at once, so as to allow drainage, and operation may follow as soon as convenient. In treating cases of immediate danger from retention, he adduces the conclusions of M. Labbe:—

1. That capillary hypogastric puncture is a perfectly harmless operation.
2. That in all cases it must be substituted for ordinary hypogastric puncture.
3. That in a great number of cases it may, when only once practised, allow the surgeon to penetrate afterwards into the bladder through the natural passages.
4. That in certain cases, where catheterism is impossible, it may be performed three or four times a day without any injurious effect, and thus permit the surgeon to gain time and restore the natural passages; and at the very least it constitutes a palliative means of the highest importance.

Respecting the removal of stone, he says the time will soon come when surgeons will take a special pride in showing detritus rather than specimens of large urinary calculi. Perineal lithotripsy is the subject of the closing chapter, in which the operation, Dolbeau's instrument which dilates the prostrate, and the author's lithoclast, are described in detail.

The work is concise, clear, and will be examined with pleasure, by all those busied or interested in urethral and vesical surgery.

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Books and Pamphlets Received.

The Principles and Practice of Surgery. By Frank Hastings Hamilton, A. M., M. D., LL. D., Professor of the Practice of Surgery, with Operations, and of Clinical Surgery, in Bellevue Hospital Medical College, etc. Second Edition, revised and corrected. New York: Wm. Wood & Co.

Handbook for the Physiological Laboratory. By E. Klein, M. D., Assistant Professor in the Pathological Laboratory of the Brown Institution, London, formerly Private Docent in Histology in the University of Vienna; J. Burdon Sanderson, M. D., F. R. S., Professor of Practical Physiology in University College, London; Michael Foster, M. A., M. D., F. R. S., Fellow of, and Prælector of Physiology in, Trinity College, Cambridge; and T. Lander Brunton, M. D., D. Sc., Lecturer on Materia Medica in the Medical College of St. Bartholomew's Hospital, London. Edited by J. Burdon-Sanderson. In two Volumes, with three hundred and fifty-three Illustrations. Vol. I., Text. Vol. II., Plates. Philadelphia: Lindsay & Blakiston.

A Handbook of Medical Electricity. By Herbert Tibbits, M. D., L. R. C. P., London, Medical Superintendent of the National Hospital for the Paralyzed and Epileptic, Medical Officer for Electrical treatment to the Hospital for Sick Children, Great Ormond Street. With sixty-four Illustrations. Philadelphia: Lindsay & Blakiston, 3 vo., pp. 164.

Civil Malpractice: A Report presented to the Military Trust Medical Society, at its Fifteenth Semi-Annual Meeting, January 14th, 1873. By M. H. McClelland, M. D. Chicago: W. B. Keen, Cooke & Co. 8 vo., pp. 74. Price \$2.00.

Diseases of the Mastoid Process: their Diagnosis, Pathology and Treatment. By Albert H. Buck, M. D. Reprinted from Archives of Ophthalmology and Otology.

The Unconscious Action of the Brain, and Epidemic Delusions. By Dr. W. B. Carpenter, F. R. S., author of "Human Physiology," "The Microscope and its Revelations." Being Part VI. of "Half Hour Recreations in Popular Science." Boston: Estes & Lauriat. Price 25 cents.

Catalogue of the Medical Works published by James Campbell, Boston, Mass.

Annual Report of the New York State Inebriate Asslum at Binghamton, New York, for the year 1872.

Catalogue of American and Foreign Architectural and Scientific Books and Journals published and for sale by A. J. Bicknell & Co., New York.

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No. 11

Original Communications.

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ART. I.—*The Etiology of Bright's Disease.* By F. C. CURTIS, M. D., of Albany. Read before the Albany County Medical Society, May 14th, 1873.

It has been a subject of remark at post mortem examinations that we very seldom see a perfectly normal kidney. Although the same might be said of most of the organs of the body, still it is true that Bright's disease is comparatively common.

The following case is peculiar only in regard to its etiology: Mr. L——, the patient, was between 45 and 50 years of age, a native of Canada, and by occupation a cooper. He had not, however, pursued his trade actively for some years, and had an easy life. He had always been healthy, and his family history is good. He was of light complexion and sanguine, nervous, temperament. There is no evidence that has ever been of scrofulous habit; neither has he been intemperate in the use of stimulants. He and his wife assert that he has always been perfectly well, excepting that he had attacks of sick headache, which were, as described by them, in no way peculiar. Aside from these he had no nausea or headache, his eyesight was normal, and he had no œdema. In fact the closest cross-questioning failed to detect any symptoms of disease of the kidneys prior to last January. The reason for questioning with particular care into the previous history of the patient was that he

had an accident insurance policy, and his illness was asserted to be due to a fall.

Early in January, while walking in the street, he slipped on the ice and fell, striking on his back and the back of his head. His head was not particularly hurt, the fall seeming to cause only a general jarring of the body. He states that he was unconscious for a little time, after which he had severe pain in the head, which persisted. He also vomited several times in the course of the morning. The fall did not, however, disable him so but that he was able to proceed directly to his business then in hand, which was of a pressing nature, being legal. He rode down town in an omnibus, walked to the lawyer's office, a short distance, and lay down for an hour or so, after which he attended to the business, and then rode home as he came. His headache continued and he vomited a few times, but was able to attend a trustee's meeting of his church, in the evening from 7½ till 9 o'clock, though feeling badly. His headache persisted for three or four days, and his face was bloated. His urine was noticed to be high colored on the third or fourth day. The urine was examined a week after the fall and found highly albuminous. Occasional vomiting continued for a week or two, coming in when the head ached especially.

The swelling of the face, about the eyes particularly, continued and about two weeks after the fall the limbs began to be œdematous. I saw him about the 1st of March for the first time. He then had no œdema of the face, nor did his face present the peculiar pallor of Bright's disease. He had some dyspnoea, but no cause for this was ascertained, as his heart and lungs were healthy, and there was no peritoneal or pleural effusion. His general condition was fair, and he was able to be about the house. There was no disturbance of vision, nor other nervous symptoms. His legs were œdematous. What his treatment was it is impossible to say, as he was under homoeopathic treatment. I examined his urine at this time, six or seven weeks after his fall, with the following result: Color a cherry red; transparent; no precipitate; sp. gr. 1022; albumen I should say about 5-6, as the test tube was solid with it. Microscopically there was found: renal epithelium; blood globules abundant; blood; epithelial and granular casts. It

seemed pretty clear from the examination that the disease was acute and of short duration, rather than that it had been running a latent course, now for the first time developing.

The prognosis given at this time was that there was a possibility of recovery. The proportion of recoveries given by Frerichs from acute Bright's disease, is two-thirds of those attacked, and Roberts thinks this below the average, if cases resulting from scarlatina are included.

But the second examination of the urine, made three weeks later, seemed to settle the question of prognosis. The result of this was as follows: Urine a reddish color; opaque; reaction acid; sp. gr. 1025; albumen $\frac{2}{4}$:—microscopical appearance: precipitate not abundant; blood globules; renal epithelium, some of which was fatty; casts, which were abundant, were blood, epithelial, hyaline and fatty.

Evidently from this, the kidneys were passing beyond simple congestion and catarrh of the renal tubes. Here, within ten weeks of the outset, we see that there is fatty degeneration of the kidneys, and waxy casts indicating chronic disease. According to the view of Frerichs, Niemeyer, and the German pathologists generally—that the different anatomical changes of the kidneys are only stages of one disease,—the kidneys in this case had passed from the first to the second stage. Whether or not this unity of the forms of Bright's disease be a correct pathology, this case seems to illustrate very well its truth, to a certain extent at least. That the contracted, granular kidney is a third stage, ultimate to the large white kidney, is more difficult to prove. This patient did not live to show it; and in fact, I think from cases I have seen, patients are more apt to die having the large white kidney. I remember very well two cases of Bright's disease occurring side by side in the New York Hospital; one believed to have the "large white kidney," his symptoms being great œdema of the limbs, which was not relieved, although the urine was passed freely under diuretics; the pallor was very marked; symptoms of nervous disturbances presented, and he finally died of convulsions and coma. Here all the prominent symptoms of the affection were very marked. The other was considered a case of "small contracted kidney." He

had no pallor, and no symptoms of nervous disturbance from first to last ; nor was there any œdema, the only effusion being into the peritoneum, and subsequently into the pleural cavities. Under the use of muriated tincture iron and an occasional purge, he finally began to improve, the kidneys and skin acted freely, so the serous effusion disappeared entirely, albumen and casts cleared up from the urine, and to all appearance the man was cured and was so discharged from the Hospital.

In these two cases, presenting symptoms ascribed to the two pathological conditions, we see the one dying in the second stage (so called) while the other as far as could be seen, recovered. Many similar cases can be recalled by members of the Society. The second case related, moreover, never passed through the symptoms of the earlier stage, as seen in the first case. The theory of the unity of Bright's disease has been perhaps, gaining ground with us because of the many translations of valuable German works recently made ; but I think the division into acute, smooth white, small granular, etc., made separate diseases, by Roberts, Dickinson, Wilks of Guy's Hospital, and others, has been the most commonly received here and in England.

The case in hand, from which I have made a digression, illustrates a partial reconciliation, showing a passage from a first stage to a second. The possibility of this, however, is not doubted that I know of, the difference being as to the second stage passing to the third, or, to use the terms of Stewart, from "fatty transformation" to "atrophy."

After the second examination of the urine, an unfavorable prognosis was given. The patient, however, at this time presented, clinically, an improved appearance. Later the œdema increased, the limbs, scrotum and penis swelled, he failed steadily and died without the occurrence of any symptoms of nervous disturbance, eighty-six days after the fall to which his death is attributed.

A post mortem examination was made next day. The parts were found œdematous, as above mentioned. There was no effusion into the serous cavities. The lungs were healthy. The heart was somewhat enlarged but the valves were normal and competent. Abdominal organs healthy, except the kidneys. These were much

enlarged, white, smooth and fatty. The capsule stripped up readily, leaving a smooth surface under it. The pyramids were partly destroyed. There were ecchymotic spots of small size in the left kidney. Microscopical examination showed abundance of fat, in the tubes, and fatty degeneration of the epithelium.

The termination of this disease fatally, within three months of the occurrence of its alleged cause, makes the etiology here especially important. Clearly the man died of Bright's disease simply. Had this been running a latent course and then developed at the time of injury—brought out by it perhaps? This could hardly be, for even though the urine had been free from albumen before this, other symptoms of ill-health must have been apparent, even though a diagnosis had been impossible. The urinalysis too, shows pretty conclusively that the inflammation of the kidneys was a recent one. Both subjective and objective symptoms point to about the first of January, as the probable time of the commencement of the disease.

The usual causes for Bright's disease, are exposure to cold, the use of alcoholics, and the influence of zymotic poisons—more especially scarlatina. Minor causes are hereditary tendency or constitution of body—such as scrofula and tubercle, and other diseases, excessive use of drugs, such as turpentine, copaiba, etc., pregnancy and other conditions.

I have searched through various authorities in regard to the etiology of this disease, and find them unanimous in giving these causes. Aitken alone alludes to certain causes which, to quote his words in full, "may be regarded as mechanical causes of irritation, but which so secondarily affect the constitution of a person predisposed to the disease, that Bright's disease rather than any other is the result—e. g., the irritation of *blows*, of cantharides or other irritants; the presence of calculi in the kidney," etc. The sentence is not a very clear one, but the idea seems to be that blows or other irritants may bring out the disease in a person predisposed to it by climate, constitution or habit of life.

We cannot find in this case, however, the existence of any predisposing cause. The accident occurred in steady winter weather, when it was not specially damp or variable; his occupation did

not expose him to cold or moisture ; his health was at its usual standard, and he had always been free from disease ; his habits of life were in all respects temperate ; the post mortem showed his other organs to be healthy.

The question of causation seems then to be limited to either the fall, acting simply and alone to produce the disease, or else the case is one of those in which the most searching analysis fails to detect the cause. The possibility of the fall acting as a cause for Bright's disease, unless effecting traumatic injury to the organ may well be doubted. There is a possibility in the case in hand, that injury was done to the kidneys not detected after death. But it is not easy to express an opinion in a matter so vague. Could reflex action, or injury to nerve centres act as a cause? It does not appear an impossibility, but I do not know any direct authority for it. I should be very glad to hear the views and experience of others in the matter.

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ART. II.—*Hospital Hygiene*. By J. DE ZOUCHE, M. D., of Albany. Read before the Albany County Medical Society, May 14th, 1873.

In the earlier times, before medical colleges had existence or boards of health had a place among existing institutions, there were, nevertheless, some excellent ideas extant on the subject of health—ideas that have not been much improved on, during the last two or three thousand years. Moses, the law-giver of the Hebrews, gave very explicit and excellent directions concerning food, cleanliness and general quarantine regulations, many of which might be followed with advantage even now.

There was something other than mere fanaticism in the Jewish discrimination between clean and unclean beasts, and in their proscription of certain parts of even clean beasts as articles of food. Then their laws in regard to the purifying of parturient women, the cleansing of lepers, the isolation of all infectious or offensive cases, the removing of the dead from contact with the living, the frequent ablutions insisted on in all cases, *all* prove that Moses was a sanitarian of the most enlightened stamp, a worthy leader of the people in their struggle for a higher life.

The name of my subject, "Hygiene," recalls other peoples than Jewish. However irrationally the old Greeks and Romans *lived*, they furnish us with many valuable hints on life, health, and many other subjects.

Their goddess of health, Hygeia, was the daughter of a physician, Esculapius, who was the son of the god Apollo, who was, you may remember, the leader of that celebrated band, "the tuneful nine." To be sure all this is mythological. The physician does not always spring from deity, nor is his daughter invariably a goddess of health. Still there is enough truth in the myth, to warrant its acceptance even now as an article of faith.

A subtle meaning underlies the thought that a *goddess* presides over health. That she sprung from a physician may mean that she was the legitimate offspring of the most advanced expression of sanitary science. But we must leave mythology, though attractive, and come down to facts, however dry.

There is, or should be, nothing special in *hospital* hygiene: for the means by which health may be conserved or promoted should have, and really do have a universal application. The hygienic measures essential in an hospital are demanded in, every private dwelling; only perhaps there is more urgent need of them in the former, where so many are congregated under one roof, and all with health more or less impaired.

The site of an hospital should invariably be in the healthiest part of the city or district, that, in fighting disease, the physician should not have native enemies in the camp to contend with. It is of little avail to treat intermittent fever in a low marshy neighborhood—the home of malaria.

"The site of an hospital," wrote the late Edwin M. Stanton, "should be well drained, with a subsoil of gravel. The situation should be elevated as much as possible from marshes or other sources of malaria, and must have a convenient supply of pure water.

In an elevated situation we have the requisite condition for good natural drainage; but even *there* we must have the subsoil of gravel, for if it be of *clay* there is sure to be an injurious amount of moisture, and this subsoil moisture plays no mean part in the inception and continuance of many infectious and epidemic diseases.

HOSPITAL HYGIENE—DE ZOUCHE.

he high situation and natural drainage insisted on, is not inclined to supercede artificial drainage, but rather to divide or supplement the work of keeping the site as free from dampness as possible. Hammond urges strongly the necessity of examining into the character of the soil and subsoil, for if the site be chosen regardless of these points, disease, either fevers, bowel affections, rheumatism, or catarrh will inevitably be produced." Besides the natural drainage which is the result of an elevated situation, we have, as a second important result, a much freer circulation of air, than is possible on a low level, and this is almost as important as the drainage. Stagnant air is as much to be feared as stagnant water.

The drains leading from the building should be so planned that their course towards the main sewer would be as direct as possible, without unnecessary angles or tortuousness. In their construction it would be well to remember that *stagnation is death*. There should always be provision for a stream of water passing through to carry the sewage with it, and prevent any accumulation of organic refuse. There should be, at the same time, good drain ventilation, the ventaduct leading to the top of the building, that the noxious sewer gases may not invade the house, bringing typhoid and other diseases in their train.

The best plan for hospital buildings, according to the best informed authorities, embraces what is known as the pavilion system—that is, separate little buildings or wards, totally separated from each other, merely accessible by a common corridor. The space between any two wards should be sufficient to prevent the possibility of the spread of contagious diseases or matter through the open windows. With this form and arrangement of an hospital we secure two very important points—a free circulation of air and unobstructed light. It would be all the better if these separate little buildings were only *one story high*, but space is too valuable in situations suitable for an hospital, to permit of so great a sanitary luxury. Where there are two or three stories, the separation of each from all the others should be as complete as possible.

There should not be any openings directly from the lower wards to the upper. The stairways should be so placed that the foul air

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from below could not ascend that way to mingle with the air of the upper wards. The true principle of ventilation must provide for all impure air being conveyed away out of the building from each floor. When the windows of the lower wards are open I would recommend that over each, there should be a projecting canopy arranged in such a way as to lead the impure air from the ward as far out from the face of the building as possible, so that no portion of it might enter the open windows of the upper wards. The floors should be far more solid and air-tight than contractors usually make them, and between the rafters there should be a packing sufficient to bar the passage of air from below at the same time that it would deaden the sounds of feet or other noises above.

In an address to the Southampton Medical Society, Dr. Langstatt lays great stress on the importance of having a great number of small separate rooms, instead of the few large ones which we constantly find in large hospitals; but as we cannot hope to see any great change in the construction of existing institutions of the kind, he proposes to make the best of what we have. He, has found, as well as other physicians whom he mentions, that the floors and walls of an hospital after continued use absorb matter which leads to the outbreak and spread of disease, and that it behoves to apply to them a non-absorbent material, and one that can readily be cleaned. Recognizing the great value of lime as a purifier, he nevertheless believes that white-washed walls very soon absorb the poison from the sick-bed, and require to be frequently renewed. The best method, he believes, of rendering hospital walls and ceilings non-absorbent, is to paint them, on a smooth surface with several coats of paint, and finally varnish them.

The floors might be made non-absorbent by painting them with hard paraffine, previously melted in an iron vessel, and ironed in, with a box iron heated from the interior with charcoal.

Under no circumstances should there be paper on the walls of an hospital ward, nor carpet on the floor, as they absorb and retain for an indefinite period the poisonous germs that arise from disease, and render the room unsafe for future occupants. Neither should patients, nurses or house physicians wear woollen articles of clothing, as they tenaciously hold the "hospital smell," which is at least suggestive of contagion.

In ordinary dwellings where the inmates are, as a rule, healthy, the ordinary means of ventilating, by windows and doors, answers the purpose very well; but in an hospital where medical and surgical diseases prevail, and the air becomes laden with the foul exhalations from every variety of decaying tissue, it is of the utmost importance to take advantage of every means by which pure air may enter and the impure escape most effectively. Now pure air, as a rule, enters a living room at the lowest openings, whilst the air which has become vitiated by having passed through the lungs, or contaminated by contact with the exhalations from the surface of the diseased body, ascends to the top of the room, and will escape, *more or less completely*, by the highest openings. I qualify the statement because I believe it will not *wholly* escape unless the highest openings are at the highest point in the room—on a level with the ceiling. The lower openings should be at or near the level of the floor. The exhaled air is largely composed of carbonic acid gas which, at the same temperature of the pure air, is much heavier than it—volume for volume. When first exhaled, being expanded by heat, its specific gravity is less and it ascends, to escape measurably by such upper openings as there may be; but if proper provision has not been made above for its departure, at this time, it quickly condenses and sinks to the lower part of the room, where it is destined to struggle with the pure air, provided there are inlets.

Now if there are openings at the level of the floor, on all four sides of the room, there will be little opportunity for the accumulation of this poisonous gas, which would escape on that side of the room which sailors call “leeward” impelled by the pure air entering at windward.” The upper openings in the room should be somewhat larger than the lower, for obvious reasons, and I think it important that they should be at the *level of the ceiling*. Where this is neglected there will always be a reserve of deleterious gases found hovering about the angles, and tainting the whole upper stratum of air in the room, to the great detriment of the patient to whom the oxygen of the pure air is even more essential than calomel or quinine.

Water closets should invariably be placed at the *boundary walls*,

each with a window admitting abundance of sunlight and giving the opportunity for the ingress of pure air and the egress of noxious air; and all this besides the ventilation proper to the soil pipe. Water-closets should never be constructed in dark corners in the centre of a building, for however thorough the system of ventilation may be, there will always be at least a strong suspicion of impurity in the air—a suspicion that will hardly bear the test of chemical analysis.

A bath-room on each floor to which patients should be introduced on admission and obliged to use at least twice a week during their stay in the hospital, will prove a valuable auxiliary in the sanitary work. With good drainage, a constant supply of pure air, and a persistent regard for personal cleanliness, the doctor's work would be simplified, and the proportion of "good recoveries" be greatly increased.

The regulation of the temperature is a matter of very great importance, and, I may add, of great difficulty too, with such heating apparatus as we find generally in use. So long as the air we breathe is kept below 65° Fahrenheit it acts as a stimulant to the lungs, which accordingly work with more vigor to keep up the heat of the body in the natural way. Combustion goes on more or less perfectly, and the effete products of decay are rapidly expelled from the system. But when we permit the temperature of the living room to reach 70° or upwards, nature recognizes the wrong and protests against it. The lungs, to be sure, do not *cease* to act, but they seem to lose tone and work more languidly, the combustion of effete material going on so slowly, much of it lingers in the system to poison the blood and deaden the fire of life. The effect of continued high temperature, especially when artificial, on even healthy people, is a relaxation of muscular fibre, superinducing a listlessness almost amounting to paralysis of the will.

Special care should be taken to classify patients according to their diseases and the measure of their sickness. Cases of erysipelas, hospital gangrene, some fevers and contagious diseases which may have found their way into the hospital, or become developed there, should be isolated in the upper story of the hospital where it consists of *more than one story*.

During the prevalence of erysipelas, hospital gangrene, syphilis, etc., sponges should never be used; tow or rags, which should be burned after once using, might be substituted with advantage in dressing wounds and ulcers.

In regard to the size of hospitals there is a growing belief that the larger they are the worse it is for the patient. Amputations become more dangerous and fatal in proportion as the hospitals in which they are performed increase in size. By separation and isolation the patients recover with more certainty. The safety is in segregation, the danger in aggregation. In the *Edinburg Monthly Journal of Medical Science* for November, 1838, Sir James Y. Simpson wrote on this subject an article from which I will quote one or two passages.

He says: "Perhaps one of the most weighty and momentous questions to which the physician, the surgeon and the accoucheur can direct his attention is the proper reconstruction and arrangement of our hospitals. The vast importance of the subject depends upon *this* point—that it involves the study and rectification of influences that set utterly at defiance all the proudest advances of practical medicine."

Sir James goes on to speak of the signal and striking progress made by surgery during the last 50 or 100 years in various ways and in various directions, and yet, notwithstanding all that, the proportion of *fatal results of operations* has been steadily increasing. "Amputation, for instance, as an operation, has, like many other operations, been mightily improved, in the modes of its performance, in the modes of arresting attendant hemorrhage, in the modes of dressing the stumps, etc.; but still in these hospitals (the infirmaries of Edinburg and Glasgow) the mortality from limb-amputations has, since the last century, become increased instead of diminished. The increase is traceable, I believe, chiefly or entirely to our system of huge and colossal hospital edifices, and to the hygienic evils which that system has hitherto been made to involve. * * * I have often stated and taught that if our present medical, surgical and obstetrical hospitals were changed from being crowded palaces, with a *layer* of sick on each *flat*, into vil-

lages or cottages, with one or at most two patients in each room, a great saving of human life would be effected."

To substantiate what he says, Sir James gives facts and figures which throw much light on the subject. The following are suggestive:

Table showing the proportionate *mortality of limb amputations* in Great Britain, as regulated by the size of the hospital and the degree of aggregation or isolation in which the patients are placed:

<i>Size of Hospitals, etc.</i>	<i>Death-rate.</i>
(1) In hospitals containing 300 to 600 beds	1 in $2\frac{1}{2}$, die.
(2) In hospitals containing 100 to 300 beds	1 in 4, die.
(3) In hospitals containing 25 to 100 beds	1 in $5\frac{1}{2}$, die.
(4) In cottage hospitals containing under 25 beds	1 in 7, die.
(5) In isolated rooms in country practice	1 in 9, die.

"These few figures teach a lesson of vast import in relation to hospital hygiene, and yet they seem to discourse so plainly as to require no comment."

In studying the sickness and death-rate of communities, and all the conditions under which the statistics relating to them grow we furnish ourselves with the weapons necessary to fight and conquer a thousand ills that decimate the population of our cities. The proportion is large of those who die from preventable causes, to some of which I have referred in this paper.

I have thus written down, without much system, such suggestions as occurred to me on this very important subject, which I think as worthy of our best consideration, as any that the physician and surgeon have to master.

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ART. III.—*Medical Society of the County of Albany*, Semi-Monthly Meeting, May 14th, 1873.

Reported by F. C. CURTIS, M. D., Secretary.

In the absence of the President and Vice-President, Dr. Henry March was elected president *pro tem*.

Dr. James S. Bailey remarked, that one of the members of the Society, Dr. Peter P. Staats, had completed fifty years in the practice of medicine; he had been always an acceptable member and had done much toward elevating the profession of medicine in this City, and by his urbanity and courtesy had won and maintained the respect and esteem of every member of the society. He

moved that, as it has been customary heretofore to celebrate the fiftieth anniversary of physicians engaged in the profession belonging to the society, a Committee be appointed to make arrangements for the occasion.

On account of the small number present, the motion was laid on the table until the next meeting.

A communication from the Clerk of the Common Council was read, stating that a resolution had been passed by that body, inviting the physicians of the city to give their opinion as to "Whether the water of the Hudson River is sufficiently pure and wholesome for a City water supply." The next meeting was set apart for a discussion of the question.

Dr. J. M. BIGELOW, read the following paper on Rheumatic Peritonitis:

Rheumatic Peritonitis is regarded by some as an hypothetical disorder, by most as extremely rare.

Niemeyer says "Peritonitis very rarely occurs in persons previously healthy, and its occurrence is due to catching cold or to some unknown atmospheric influence, it is then called rheumatic peritonitis." Rokitsanskey insists that "spontaneous or rheumatic peritonitis exists," and attributes it "to the metastasis of anomalous exanthematous processes, or of rheumatic poison, which tends to exudation," but he fails to tell us of the nature of the morbid material or of its method of generation. Flint observes "that exposure to cold may originate peritonitis" and excepting by reference, says nothing of the probable origin of peritonitis, as due to poison in the blood. Habershon, from an analysis of five hundred cases of peritonitis explicitly asserts—that peritonitis is never idiopathic in its origin, but when not traumatic or due to perforation of the viscera, it is dependent on either an extension of disease from adjoining viscera or on certain blood changes, such as occur in albuminuria, pyæmia, rheumatism, &c. Todd also indirectly affirms this conclusion by stating that the poison of rheumatism is akin to that of pyæmia, as the originator of peritonitis. Tanner strengthens these statements by ascribing, as a cause of peritonitis, "the continuation of the blood by morbid poison." Rheumatism is now regarded, as the product of a morbid, intrinsic, alteration of the blood, by which

lactic acid, a morbid poison, is produced, hence Tanner may by implication support Habershon's statements.

We also assert, that previous attacks of rheumatism in early life, from six to ten years, furnish a predisposing cause to the subsequent peritonitis of youth or of adult life: this may afford an explanation of the origin of an attack of peritonitis, otherwise inexplicable.

Again, we sometimes, though very seldom, meet with a family among whose members the slightest cold or digestive derangement provokes pains in the joints and muscles, and a general pyrexia: in a few days these symptoms disappear; suddenly co-incident with their cessation tympanites, abdominal pain, troublesome diarrhoea, "colicky" pains, appear, to be followed by a severe illness of several days duration, sometimes though very rarely by sudden deaths. In these last cases there would seem to be an hereditary predisposition to rheumatic fever, and to the election of the peritoneum as the especial object of its baneful attacks.

During the puerperal state, there sometimes appear symptoms of rheumatism, termed by the French puerperal acute rheumatism. Peritoneal inflammation, sometimes presents among the other symptoms, swollen joints, febrile action, lithic acid urine, etc. So may and does, rheumatic peritoneal inflammation occur in rheumatism not connected with the puerperal state. The rheumatic poison frequently attacks the heart, the pericardium, the pleura, serous membranes, the meninges of the brain, why, then, can it not invade the peritoneum, a serous membrane, and even more obnoxious to recovery, when attached.

ANATOMICAL CHARACTERISTICS.—We have only seen the autopsy of one case of so called rheumatic peritonitis. The lesions were those of diffuse peritonitis. The exudations were, however, sero-fibrinous and abundant; lymph was plentifully present and formed a thin coating over the hollow viscera and the parietal portion of the peritoneum. The peritoneal sac contained a fluid united with lymph, more or less abundant; small abscesses were also scattered throughout the intestines, which were found to contain a sero-purulent fluid, of a greenish cast. Cleared of exudation the peritoneum was brittle, softened and in spots deeply injected.

The adhesions between the intestines and other viscera were

slight, easily separated, and very extensive, compassing the whole peritoneal cavity.

The urine was rather scanty of a deep saffron color; its specific gravity 1029; it exhibited traces of the urates, was also slightly albuminous, and excepting a slight effusion in the chest, there was no evidence of any previous disease of the pleura or lungs.

CLINICAL HISTORY.—Rheumatic peritonitis is of a gradual development. A chilly feeling prolonged, and general or severe chill, with subsequent pains in the joints or neck, a sense of general soreness "a pounded feeling," admonishes the subject that some sickness threatens. Slight fever, exacerbating towards evening is noticed, and a dark puffy appearance under the eyes, is apparent. This condition may last for two or three days, when there will be noticed a tendency to an intermittent "colicky" diarrhoea, flatulence, depression of spirits, a furred tongue, which in the morning may be rather dry and glossy, but towards evening becomes slightly moist, pallid and flabby round the edges. Anorexia is present, the chin at times becomes slightly rosy, the mouth pallid; the sleep is restless; the subject complains of "a bad cold, which has settled over the whole system," and of a pain in the abdomen, which pressure, cathartics or other remedies fail to relieve. The temperature at this time ranges from $102\frac{1}{4}$ F. evening, to $101\frac{1}{4}$ F. morning. The pulse from 100 to 129 per minute. A slightly heavy feeling in the top and back of the head is complained of and great prostration, disproportionate to the severity of the symptoms present is noticeable; or again the sufferer will be laboring under rather a mild attack of acute articular rheumatism; or thirdly, rheumatic fever in its most painful forms may plainly exhibit itself: in all these cases the unusual prostration, above mentioned enforces early attention.

This attack of apparently rheumatic fever, in its mild or more aggravated form, fails to yield to the usual measures, when, suddenly the articular pains cease, a sense of general chilliness is complained of, and abdominal pain and tenderness are markedly present: in a short time, symptoms of diffusive peritoneal difficulty clearly show themselves. The change of the attack is abrupt; the peritoneal disease is quickly declared, and is in most cases supplemental to the sudden disappearance of general physical disturbance. Con-

tinued pain is a very prominent symptom ; it is generally diffusive, very rarely is it wanting, occasionally is it paroxysmal. Coughing, sneezing, deep inspiration aggravate the pain, the respirations are consequently shortened in length, increased in frequency.

Pressure, sudden change of position, likewise produce severe distress. The knees and thighs are generally flexed; though sometimes dorsal or lateral decubitus is tolerated and affords great relief.

Tympanites is always present to a considerable extent ; Constipation due to paralysis of the muscular coat of the bowels by collateral œdema is the rule ; diarrhœa is a not infrequent exception. Vomiting seldom occurs, the pulse is frequent and small, ranging from 120 to 135. The temperature fluctuates between $101\frac{1}{2}$ F. to 103 F. or even reaches 106 F. The mind is generally quite clear. Muscular rigidity is frequently present. As the abdomen becomes distended with flatus, the intestines now literally blown up with gas, press up against the diaphragm, cause compression of the lower lobes of the lungs, excessive hyperæmia of the uncompressed portions and dyspnœa ; this disturbance of the pulmonic circulation may extend to the venous system, and impart to the patient a cyanotic hue. "The anxiety of the patient is pitiful;" and the alternate appeal for relief and desperate despair indicate his intense bodily sufferings and mental anxiety. At last the mind becomes cloudy, the sufferer grows apathetic, delirious and soon comatose. The pulse becomes smaller and more frequent, the body is covered with a cold sweat, asthenia supervenes, and the patient succumbs to the malady. Should the subject linger for some time, the tympanites decrease, but never wholly disappears, the fever exacerbates, consumes the strength and very tissues;" the skin becomes dry and scaly, the muscles flabby and relaxed, the limbs swollen and œdematous, and death occurs in the 3d to 6th week by asthenia. Convalescence, if established, is tardy and lingering ; it is attended by more or less "colicky pains," abdominal tenderness and asthenia. Three or four months may elapse before natural vigor and strength begin to return. Most of those attacked with peritonitis die of the disease, "not because this affection is particularly ill borne by the organism" says Niemeyer, "but because it depends on the severe blood disease," and he further observes "we frequently see the

rheumatic peritonitis, which occurs in otherwise healthy persons, terminate in cure, providing the exciting causes be removed soon enough."

Flint states, that in uncomplicated cases the prospect of recovery is good under judicious and early treatment. It may destroy life in twenty-four hours or in fourteen days. The average duration, when convalescence or tardy development of the disorder does not take place, is five or six days. The significant symptoms of rheumatic peritonitis are the sudden cessation of general articular pain, and rheumatic symptoms, and the almost concurrent pain, tenderness and tympanites in the abdomen. Undue prostrations and laborious dyspnoea, indicate great danger. The mode of death is by asthenia, as Flint observes "a progressive increase of the frequency and feebleness of the pulse, progressively increasing prostration, coldness of the hands and feet, hiccough, etc.," presage an unfavorable advance in the disease. When these symptoms improve, and the tympanites and muscular rigidity diminish, we may entertain hopes of recovery, or at least of delay of fatal termination.

DIAGNOSIS.—Peritonitis is readily diagnosed from all other disorders, after its development; as the tenderness on pressure, tympanites, "colicky pain," "belly ache," at once separate it from all other disorders. Rheumatic colic, lumbo-abdominal neuralgia, hysteria, mesenteric neuralgia, hyperæsthesia of the skin of the abdomen, may each simulate peritonitis, but a careful study and analysis of the symptoms, the amenity to treatment of the above disorders, and the stubbornness with which peritoneal difficulty yields to remedies, will generally afford an easy discriminative diagnosis.

TREATMENT.—The treatment of rheumatic peritonitis consists mainly in rest, opium and permanganate of potassa, with a liberal use of nourishing beef broths, milk, and alcoholic stimulants, when there has been time to prescribe for the rheumatic disorder, prior to the peritoneal invasion, permanganate of potassa in half grain doses should be given every hour; the bowels should be opened by an enema; and opium given freely so as to relieve pain, subdue inflammation and secure rest. Gelsemium also has been recommended and by some said to be successful when given in the form of the fluid extract, three minims every hour. Quinine also

may be employed with a view to its tonic effects. Externally leeches, rubefacients, or turpentine stupes, ought always to be applied; spongio-piline and hot water applications are well spoken of by authors. Besides these, Niemeyer says that cold compresses to the abdomen, exert a most beneficial effect, and he agrees fully "with those who consider the application of leeches to the abdomen, the use of cold compresses and the internal administration of opium, as the most effective treatment." Flint and Prof. A. Clark, each affirm that our main reliance in treatment is opium, given fully and freely. Cathartics, mercury, and blisters are alike condemned by most clinical observers and successful practitioners; although there are those who affirm that epispastics do frequently afford relief and that mercury does arrest or check the inflammation.

When an early dyspnœa and cyanosis admonish us of the imminence of fatal termination. "Venesection" as a temporary expedient may "as" Niemeyer observes "be resorted to," "for we know of no other remedy" he adds, "to fulfill this urgent indication."

To relieve vomiting, ice is best administered; to check the diarrhœa, opium is to be preferred to all other astringents.

When convalescence is established, cod liver oil and quinine should be liberally prescribed. If the exudation be great, iodide of potassium and acetate of potassa in small doses should, if borne, be ordered, in connection with the various preparations of calisaya bark. Above all, fresh air, "judicious exercises in the open air," nutritious diet, quietude of mind and body, should be strictly enjoined.

Cathartics should be given with great caution, and not for at least six weeks after recovery; enemata are to be preferred.

The tendency to frequent relapses should always be borne in mind. Becoming fatigued, exposure to cold, inattention to diet, should be strictly forbidden. I will narrate the history of a few cases illustrative of this subject.

M. Bayth, 18, by occupation a shop girl, was attacked by acute articular rheumatism February 12th, 1873, and presented all the symptoms of this disorder. On the morning of the 19th, the articular pains suddenly subsided and abdominal tenderness, tym-

panitis, and the symptoms of rheumatic peritonitis developed themselves in the sequence mentioned in the paper. The undue prostration was early manifested, the fluctuating temperature from 101 F. to 105° F. plainly present. Permanganate of potassa in one-tenth grain doses, opium freely, and according to the disease, nutritious brothes, turpentine stupes, constituted the treatment. After an illness of seven weeks she recovered, but at the present time she has not by any means recalled her wonted vigor or strength.

J. H. Man, aged 21, a carpenter, was attacked Dec. 23d, 1872, with slight symptoms of rheumatic fever, complained of a "pounded feeling over the whole body," general soreness, had no articular pains, excepting in the wrist. About one week afterwards was attacked with peritonitis. Under the treatment previously spoken of, he recovered, so as to resume occupation in March.

In addition to these I have the notes of two other cases which have recovered under the treatment recommended; also of two who died, one in four days, the other two weeks after the first symptoms of general peritoneal, rheumatic disorders developed themselves.*

* Papers were also read by Drs. Curtis and DeZouche which may be found on preceding pages.

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ART. IV.—*Abstract of the Proceedings of the Buffalo Medical Association, April 1st, 1873.*

Dr. CRONYN in the Chair.

Members present : Drs. Samo, Strong, Gay, Diehl, Daggett, Wetmore, Sloan, Walsh, Briggs, Bartlett and L. F. Harvey.

The minutes of the last meeting were read and approved.

The annual reports of the Secretary and Treasurer were presented to the Association, and, on motion, were accepted and placed on file.

The application of Dr. F. E. L. Brecht for membership was read.

The Association proceeded to vote on the application of Dr. A. H. Briggs for membership, presented at a previous meeting, and he was declared a member.

Dr. SLOAN moved that the Treasurer call upon members whose dues extend beyond three years, and those refusing to pay in full to

effect a compromise with them and cancel the balance, and report at the next meeting.

Dr. SAMO : I desire to say a few words in regard to the room we are now holding our meetings in. The Society of Natural Sciences appear to have nearly monopolized it, and we are being pushed to the wall. It would seem as if we ought to have a room of our own. I do not like the way in which we are now situated. I should be in favor of taking a room somewhere else and let the present occupants have full possession, for they really need the room.

The election of officers for the ensuing year resulted in the following choice :

President—Dr. JOHN HAUENSTEIN.

Vice President—Dr. J. N. BROWN.

Secretary—Dr. L. F. HARVEY.

Treasurer—Dr. J. J. WALSH.

Librarian—Dr. J. B. SAMO.

VALEDICTORY ADDRESS OF THE PRESIDENT, DR. CRONYN.

I could hardly be called President, as I have been absent so great a portion of the year. If I had been home I should have done but little to advance the interests of the Society, though would willingly do all in my power. Papers on subjects in practice would be of interest, but I could not give them. Perhaps a scolding would be in order, if there were more present, but people do not like to be scolded. There does not much good result from a valedictory. It is a dead letter. I think a living Society should have a permanent, comfortable room, a library, and frequent meetings, which would bring in members. We should make the meetings of interest to all.

Dr. SLOAN: Why cannot a Medical Society have a library to refer to as the lawyers have, in the Law Library in this building?

Dr. GAY : I am ashamed of the report of the Secretary—only four meetings during the year! There are eighty physicians in the city. The fact is there is no activity in this Society. It had better expire if it cannot do more the coming year. The Society is, or should be, the thermometer of the profession. When the city had only 50,000 inhabitants thirty members were the average

attendance at the meetings. The Albany Society's transactions are printed here. We will be soon wiped out, or it will be believed that we are trying to destroy each other. I will not treasure up any unpleasant occurrence that may have happened here. I am willing to put my shoulder to the wheel and try to bring the Society up again. I believe we can make it a pleasant place to come to.

Dr. STRONG : I regard a city Medical Association as indispensable to the real advancement and the true honor and dignity of the profession. Our County Society is an organization that has its uses ; meeting a want by securing certain legal recognitions and relations, but its influence in promoting medical knowledge is just *nil*. We meet there but twice a year, to go through with certain legal formulas, to propose it may be, discuss and pass upon some needful enactment, perhaps to do a work of discipline. And that is about the sum of its functions. It might be fitly characterized as a Medical Police Commission. The idea of discussing medical questions, or of reporting cases, in a word, of promoting true medical culture, is quite foreign to its sessions. It is as a mere shell to its kernel, and for all purposes of information and cultivation in our Science and Art it isn't worth the snap of one's finger. He had been in it, attending faithfully upon its sessions for twenty-five years, and he could hardly recall a single thing done or suggestion made, that had much bearing on the increase of our stock of knowledge. I hesitate not to say that whatever has been done for the general advancement of medicine, by medical men in our city in an associated capacity, for the past quarter of a century, has emanated from this Association. And I point proudly to its record in this regard. Its past, at least, is secure.

Now, with such a history, shall we proclaim ourselves as degenerate sons of noble sires, by allowing this glorious Association to dwindle and die by inaction on our hands? With a population in our city of 150,000, and with from 75 to 100 medical men, as a class unsurpassed in ability and accomplishments, for its work, I should blush for my profession if such a record must be made concerning it.

For one, I must say, so benign and profitable have been these

Association meetings to me personally ; so essential do they appear to me for keeping alive the *esprit du corps* of the profession and saving it from degenerating into a mere self and pelf seeking trade, that, seems to me, apart from all motives of pride in its history, if I must forego all the social and professional advantages derivable from such an association with professional brethren, our honored calling would be largely divested of its charms for me, and I should feel tempted to make arrangements instant for quitting it for life.

But I must yet think better of the profession of Buffalo than to anticipate any such necessity. And it strikes me that all that we need is for each one of us to cherish a sense of individual responsibility for attendance at its regular meetings, and enhancing its usefulness and honor.

Dr. BARTLETT : I am much impressed with the remarks we have listened to. During the summer was often here, but could not get into the rooms. It is strange in a city of the population of Buffalo there are no reports of a Medical Society. Older physicians are derelict in duty ; they ought to give advice to the younger members. In epidemics it is very necessary that we should have reports. We have no reports in the Buffalo Medical Journal. We should have morbid specimens to exhibit. Am willing to make sacrifices to advance the interests of the Society. Not a month goes by that I do not have a case of interest.

Dr. CRONYN : Articles of interest are refused by the JOURNAL as being too long, whilst there are very lengthy reports published from other societies.

The Association *Journal* of London is second only to the *Lancet*. The Association is composed of seventy-five members. The physicians are scientific, but not so practical as ours. I would trust ours sooner than those of England. They use all the various methods of diagnosis and insist if the patient die he must die scientifically. Every year we all promise to put the shoulder to the wheel and push the work forward. We must get young men into the Society. We must have visitors. We should have a journal to express our ideas ; let one journal have a friendly contest with the other. Have you seen the last journal ? one would

say ; it has an article by Gay attacking White ; another by Rochester against some one else. The London Association *Journal* fights the others continuously.

Dr. GAY : I venture to make a prediction to-night : The time will come when we shall have a large membership—honorary and corresponding. We shall have a Secretary to whom we shall pay a salary, who will maintain a correspondence all over the world, having a relation with all Societies. A journal will be conducted by the Association. The Society of Natural Sciences has obtained very much from its extended corresponding membership.

Dr. CRONYN : Without the press in these days, hardly anything can succeed. We must have a medium through which we can express our ideas. In London the meetings of the Association are held in Society Hall. Sometimes one hundred are present ; frequently twenty or thirty of these will not be practitioners ; the discussions are so interesting, others are attracted to the meetings.

Dr. GAY : I think the editor of the JOURNAL never has refused to publish the proceedings.

Dr. BARTLETT : Our proceedings are frequently noticed in foreign journals.

Dr. GAY : I saw quotations of Dr. Bartlett's paper on Cerebro-Spinal-Meningitis in a foreign journal.

Dr. STRONG : Years ago our discussions were highly spoken of in all journals.

Dr. BARTLETT : I consider an Association journal very necessary. Look at the old numbers of the BUFFALO MEDICAL JOURNAL, and you will find of how great value our proceedings were. Now we absorb all and give nothing.

Dr. STRONG : The first thing subscribers to journals look for are the Society discussions. They are the most interesting to country practitioners.

Dr. CRONYN : It must be always so ; discussions between the old and the young, on the true and the false, are instructive. Conclusions of Societies are more valuable than papers.

Dr. STRONG : We have it in our power to make a united Society and have large meetings. We must have a journal of our own, if the editor of the BUFFALO MEDICAL AND SURGICAL JOURNAL

declines to publish our proceedings. We must be here and by reports of and cases in discussions make the meetings interesting.

Dr. GAY : Much is said in meetings that would not look well in print. Do not think the editor will refuse what is right. An editor must use discretion.

On motion, adjourned.

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Miscellaneous.

Pancreatic Juice as a Therapeutical Agent.

The increasing employment of the pancreatic juice in pharmacy renders any process for its preparation valuable, specially when such process is within the reach of practitioners in even the most remote country districts. Dr. Merkel, of Nuremberg, has given the following directions for preparing the pancreatic fluid : The pancreas of a bullock is finely minced and rubbed up with 250 grammes (about 8 ounces) of glycerine. When used as a nutritive enema, one-third of this is thoroughly mixed with from 120 to 150 grammes (a gramme is 15.5 grs.) of finely minced meat, and immediately injected into the rectum. This said to be readily digested by the intestines. If the mixture is allowed to stand too long before using, the meat swells up and renders the injecting difficult.

For feeding by the mouth in the treatment of the wasting diseases, both of children and of adults, we would suggest that a very satisfactory pancreatic fluid can be prepared as follows : The pancreas of either the bullock or pig may be used.

A pound of fresh pancreas is finely minced, and an equal quantity of glycerine added at about 120° Fahrenheit. The mixture is put in a vessel, when the pancreas can be crushed and intimately mixed with the glycerine, and kept at this temperature in a water-bath for twenty-four hours, being occasionally stirred. The glycerine is then carefully drained off, as completely as possible, and the pancreatic magma is carefully washed with about six or eight ounces of water, so as to extract the remainder of the glycerine. This is also carefully drawn off and filtered, and evaporated to one half, and then mixed with the glycerine.

This makes a perfect and very agreeable emulsion, with cod-liver oil or any other form of fat. Cod-liver oil mixed with this, in the proportion of one part to ten, gives a fine and palatable emulsion, very easy of digestion.

Cod-liver oil, it is said, may also be successful emulsified, by adding to it crushed bits of pancreas, and keeping it at a temperature

of 140° Fahrenheit for six hours; thus emulsified, it rapidly passes into the circulation from the stomach.

It is well known that nearly all the cases of wasting disease die from pure inanition and complete defection and incapacity of appropriation and nutrition. Very many of these cases will recover if we can but present material to the assimilating organs readily prepared for absorption. By this means, new impulses of force are acquired, by the entrances of those materials into the chemico-vital action common to organic bodies.

By mixing one or two teaspoonfuls of this glycerine extract with a half pint of milk, thickened with a mixture of three parts wheat flour, and one part pure malt flour, we have a pure and perfectly assimilable diet for all such cases, on which they thrive remarkably.

The cod-liver oil emulsified by this pancreatic extract forms the basis of a most successful treatment in all wasting diseases, under which eighty per cent. will recover.—*Medical Archives.—Druggists' Circular.*

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Injection of Uric Acid.

M. Gigot-Suard submitted to the Academy of Medicine, on the 21st of January, an interesting paper on this subject, of which we give a summary. Administered to dogs in doses of from twenty centigrammes to four grammes, in twenty-four hours, for a period varying from one to two months, uric acid produces morbid symptoms which are very remarkable and which may help to clear up the pathogeny of many chronic diseases. In several instances the alkalinity of the serum of the blood was diminished to the point of neutrality. The microscope and chemical analysis revealed the presence of crystals of uric acid, of oxalic acid, and of urate of soda. The organs and tissues on which the acid has shown its action are, in order of frequency: the skin, the mucous membranes and their glands, the lungs, the kidneys, the liver, the pancreas, the brain, the lymphatic glands, the articulations, the spleen, the pericardium, the spinal and cerebral meninges, and the heart.

The skin exhibited almost all the alterations described by dermatologists — erythema, papulæ, vesiculæ, pustulæ, and squamæ. The mucous membranes were more or less strongly congested, rarely softened. Most often affected were the membranes of the mouth, nose, eyes, and bronchi. The glands were hypertrophied and even ulcerated; but the last lesion was commonest in the glands and tubules of the rectum. The lungs were congested and hepatized, with or without apoplectic centres, to say nothing of tuberculation, which will be noticed presently. The maladies of the kidneys varied from simple congestion of the cortical substance to the characteristics of Bright's disease. The liver was several times congested, and once showed fatty degeneration. In the pancreas not

ing was observed except a more or less extensive injection in its surface. The same was true of the *brain* where the injection affected only the surface and part of the gray substance. Cancerous and tuberculous degeneration appeared several times in the *lymphatic glands*. In other cases there was merely engorgement. In the *articulations* the only lesions remarked were, increase of the synovial fluid, deepening of the color of the cartilages, and injection of the synovial membranes. There were no deposits of urate of soda. Lesions of the spleen were rare, and consisted of nothing but injection and slight increase of color in some spots. In one case the spinal meninges and the pericardium were strongly injected. The *heart* was affected in but one case, the walls being enormously thickened, and the endocardium having a silvery look. Besides these organic lesions, there were, in one case, symptoms of diabetes; in three cases, pulmonary tuberculosis; in one, a woody scirrhus tumor of the skin on the neck; and in one an epithelioma on the tongue.—(*Gazette Hebdomadaire, January*).—*N. Y. Medical Journal*.

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Simon on the Artificial Dilatation of the Anus and Rectum, for Exploration and for Operation.

Dr G. Simon (*Archiv fur Klinische Chirurgie*, vol. xv. part i. 1872) has shown that it is possible to introduce the whole hand even into the male rectum, and to explore and perform operations without inflicting any injury on the walls of the bowel. The dilatation may be effected with or without incision of the sphincters. In the adult, under chloroform, by gradual dilatation, the fingers, half the hand, and then the entire hand and forearm may be introduced if there be no obstruction in the pelvis. In most cases, if the hand does not exceed $9\frac{1}{2}$ inches in circumference, there will not be occasioned more than a slight tearing of the anus, and only very exceptionally a rupture of some of the fibres of the sphincter. When the hand has penetrated the rectum as far as the sacral promontory, three or even four fingers may be carried on up the sigmoid flexure, and then, through the walls of the gut, the whole abdominal region as far as the kidney and the umbilicus can be examined without danger. Thus a more precise diagnosis may be made of affections of the uterus, ovaries, and even the stomach and spleen. With the introduction of only half the hand, the base of the uterus and even the ovaries can be reached; in men the bladder can be felt with precision, and the presence of calculi, their number and size, can be ascertained.

In two cases of ovarian cyst, Dr. Simon was able to determine, by this method of examination, the length and thickness of the pedicle, the absence of adhesions in the pelvic cavity, and lastly,

the presence in the fundus of the uterus of two fibrous growths, each as large as a cherry-stone. The operation allowed the verification of this diagnosis. Dr. Simon thinks that full dilatation by the whole hand should be employed in many affections of the rectum; it permits the ready removal of foreign bodies, and in ulceration of the rectum it favors cure by allowing a free discharge of all matters; in fistula it permits the introduction of a speculum analogous to that of Marion Sims, so that internal openings can be seen, and operations upon fistulæ, situated high up the bowel, can be performed with certainty.—*London Medical Record*.

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Fluid Extract of Male Fern in Tape Worm.

To secure the successful destruction and expulsion of tape worm, two point are to be particularly carried out. First, the patient must fast at least twelve hours before taking the remedy; and second, it must be taken in sufficient quantities to kill and expel the entire worm. Frequently it is a matter of good policy to give the patient a cathartic in the night, so as to have the alimentary tract free from feces as much as possible. Then in the morning, on a fasting stomach, give the male fern in some pleasant combination, as the syrup of acacia or glycerine. From thirty to sixty minims of the fluid extract of male fern, must be combined at each dose, and repeated every two hours, until the stomach rebels against it, the patient keeping very quiet in the meanwhile. No worm can resist this treatment when carried out on the above principles. The fern will move the bowels and expel the entire worm. It is the most reliable remedy for tape worm, when given in accordance with the above directions. The patient must fast during the time he is taking the remedy, and the bowels must be previously well cleared out.—*St. Louis Med. Archives*.

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Suppression of Perspiration.

Socoloff gives an abstract of the results which follow varnishing the skin and suppression of the cutaneous secretion:

1. A few hours before the death of the animals so treated, clonic and tetanic spasms appear in various groups of muscles, while the temperature in the rectum sinks in a marked degree.

2. Enveloping the animals in wadding did not serve to raise the temperature or arrest the fatal result.

3. Respiration of oxygen proved ineffectual to resuscitate the animals.

4. In the stomach ulcers were observed, the result of deep extravasations.

5. Albumen appeared in the urine very soon after the skin was varnished.

6. In all cases a diffuse parenchymatous inflammation of the kidneys was observed—sometimes swelling of the cells, and sometimes fatty degeneration. This result was independent of the nature of the varnish used, whether turpentine varnish, or gelatin, or gum.

Lang (*Arch. d. Heilkunde*, xiii, pp. 277–287, 1872) investigates the causes of death when the skin has been varnished. In addition to other phenomena he found an hour or two after death “triple phosphate crystals” in various parts of the body, and some of the uriniferous tubules blocked with a finely granular dark mass. He thinks that the triple phosphate crystals are the result of decomposition of urea, and that the cause of death is uræmia.—*Journ. Anat. and Phys.*, November, 1872; from *Centralblatt*, No. 44, 1872.—*Am. Jour. Med.*

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Contribution to the Study of Puerperal Septicæmia.

M. A. D'Espine has published a most elaborate and instructive memoir on this subject, extending through four numbers of the *Archives Generales de Medecine*. The following are given by him in his concluding article, in the October number of the above journal, as the conclusions he feels himself justified in drawing from his investigations:

1. Puerperal septicæmia consists of a series of symptoms, the severity of which is in proportion to the quantity of septic matter absorbed by breaches of surface in the utero-vaginal canal.

2. These symptoms are not peculiar to the puerperal state, and ought not to be classed with those produced by septicæmia in the wounded and in animals.

3. The source of puerperal septicæmia is always the uterus or vagina; and all causes which prevent the healing of the bared interior of the uterus, or which favor the production of septic matter in its neighborhood, have an important action in its production.

4. The most common channel of absorption is through the lymphatics, and its passage through them can generally, but not always, be traced by lymphangitis.

5. Peritonitis is the result of the conveyance of septic matters through the lymphatics of the uterus, and it may be compared to the local inflammations which develop round infected wounds.

6. The effect of septic absorption is to develop congestions and inflammations in internal organs, chiefly in the lungs, kidneys and intestines; subserous ecchymoses and interstitial apoplexy; internal and external inflammations, which localize themselves in the neighborhood of the serous membranes; *during life*, these actions are recognized by fever, diarrhœa, pulmonary congestion, epistaxis, and often by fugitive cutaneous eruptions.

7. Milk fever has no existence; febrile action in the first week after delivery almost always depends on absorption of lochia through

slight abrasions or lacerations of the utero-vaginal canal. It may continue for some weeks should the uterus not be firmly contracted, or should the lochia be fetid. In the latter case ulcerations, through which absorption takes place, may almost always be found either on the cervix or in the vagina.

8. These slighter affections are often, but not always, accompanied by angioleucitis and slight perimetritis. When the septic poison continues long, we may have consumption and death (*phthisis septicæ*).

9. Puerperal *pyæmia* is a complication of septicæmia, and is almost always accompanied by the presence of pus in the veins of the uterus.

It is a comparatively rare occurrence, and probably depends on septic embola. Metastatic visceral abscesses are secondary to it, while almost all the inflammations of the cellular tissue and of the articulations depend on lymphatic infection, and are not embolic in their origin.—*Am. Jour. Med.*

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Enucleation of Uterine Fibroids.

Dr. T. Gaillard Thomas exhibited to the New York Obstetrical Society (Oct. 3d, 1872) a mass the size of a cocoon, consisting of three fibroids which he had recently removed by enucleation. The woman, who was a patient of Dr. H. Moeller, had suffered for some months from excessive menorrhagia. When seen by Dr. Thomas, the uterus was found to be as large as at the fifth month of gestation; the cervix was found well dilated, and a large fibroid presenting, which, on examination, proved to be sessile, and attached posteriorly. The patient lying upon her back upon a table, Dr. Thomas proceeded to enucleate by cutting through the capsule of the tumour with scissors, and then insinuating a grooved steel sound under the capsule, which he separated as far as possible from its attachments. Traction was then resorted to, combined with powerful expression from above, which resulted in the extrusion of a large mass in about forty minutes; another mass was felt above the one extracted, which was in like manner removed; traction then being made upon the capsule, it came away, having attached to it a still smaller tumour. There was a very little hemorrhage. Opiates were given, and intra-uterine injections of carbolic acid were daily used. The patient did well for four weeks, though she now has a mild attack of phlegmasia dolens, from which she has suffered once before as a sequel to parturition. This is the sixth case in which Dr. Thomas has resorted to enucleation, in all of which the recovery has been perfect. He has, however, lost two patients in the preparatory treatment by sponge-tents. Dr. Thomas considers the operation in its results more formidable than ovariectomy.—*Am. Jour. Obstetrics.*
—*Am. Jour. Med.*

Some attempts at Human Anaplasia, by means of Mucous Grafts
taken from the Cheeks and Tongues of Rabbits and Oxen.

By Dr. HOUZE DE L'AULNOIT, of Lille.

Note read at the Academy of Medicine of Paris, 24th September, 1872.*

Translated from the French by MARY C. PUTNAM, M. D.

My intention in this note is to call the attention of the Academy to the results that I have obtained in transplanting on man, pieces of mucous membrane taken from the buccal cavity of the rabbit and the ox. One of the principal inconveniences of the human dermo-epidermic graft, as it has been employed by Reverdin (*Gaz. Med. de Strasbourg*, 1870; *Archives Gen. de Med.*, 1872), Ollier (*Gaz. Hebd.*, No. 8, 1872), L. Le Fort (*Gaz. Hebd.*, No. 9, 1872), Broca (Thèse de M. Bercaru), Gosselin (*ibid.*), Demarquay (*ibid.*), Pollock, Nelson, Rouge, and Bercaru (Thèse, August 7, 1872, Paris), is to cause pain to the patients by submitting them to a slight operation, without danger it is true, but disagreeable enough to be refused by some, thus obliging the surgeon to take the grafts from his own person.

I had thought, then, since the month of November, 1871, of taking them from an animal, as had already been done by the advice of Bert (*Thèse sur la Graffe, Animale*), Coze (Communication to the Institute, the 28th February, 1872), who cut cutaneous grafts from a rabbit, and Debreuill, from Guinea-pigs. But in order to approach the physiological conditions of the human skin, I intended to make graft from the mucous membrane of some animal. I communicated my idea, on the 30th of April, to Professor Verneuil, and, as I mentioned the rabbit among the animals most suited to this class of experiments, he advised me to choose a rabbit raised in the country, as offering more plasticity than those brought up in our great cities.

I began my experiments on the 1st July, 1872, and I placed on several patients fourteen little mucous grafts, coming either from the cheek or the tongue of a rabbit.

Twice, moreover, I took grafts from the lingual mucous membrane of an ox, killed hardly an hour before. As the result was negative, I will pass over these two attempts in silence, and in this note only insist on the fourteen preceding experiments.

A few words on the method of operation that I followed.

Before detaching the mucous membrane, I kill the animal by holding it by the hind legs, and striking it on the back of the neck; then, by means of two sections made with scissors, I remove the skin of the cheek, and dissect, with pincers and a bistoury, from its internal face, the piece of mucous membrane that should

* GAZETTE HEBDOMAD. DE PARIS, October 11, 1872.

be applied to human tissues. The method of MM. Ollier and Reverdin, would cause less dragging on the parts, and be followed, I think, with similar results. It suffices to drag the tongue forwards, after having separated the maxillæ, in order to lift up the lingual mucous membrane, previously fastened on a piece of cork with some pins. I avoid as much as possible leaving any muscular tissue on its adherent face. These severed grafts, divided into others smaller, from five millimetres to 2-3 centimetres, have been immobilized on wounds, sometimes with bands of muslin covered with collodion at their internal face, or merely at their extremities, sometimes with cotton-wool slightly compressed by a few bands of diachylon. In some cases I tried covering them with oiled silk of very thin pieces of lead, at the same time applying a light and gentle compression.

Immobility is a condition, *sine qua non*, of success. It is impossible to insist too much on its advantages or its inconveniences, according as one employs collocation, cotton, or diachylon strips. I propose in a forthcoming memoir to discuss these various methods of treatment. Perhaps it would be possible to fasten the grafts, when they are extensive, with some points of silk suture, made with very fine needles. The strips of diachylon, with or without cotton-wool, merit the preference when their application is possible, but on condition that one may rely on the docility of the patients, and that the tissues remain motionless, at least during the first days. It is because I did not take sufficiently into account these precepts and the state of the wounds,—conditions which have only been revealed to me by experiment,—that I have only succeeded five times; that four times I have had a doubtful adhesion; and that I have failed in the other five cases.

* * * * *

Conclusions.—From these first experiments of animal anaplasty, by means of the lingual and buccal mucous membranes, I think I may deduce the following conclusions:—

1. Mucous grafts taken from the cheek or tongue of the rabbit, like the dermo-epidermic grafts from the human skin, can take root in human tissues.
2. They may be applied during the bleeding and granulating periods; never during the period of suppuration.
3. New researches are indispensable in order to learn the best method of immobilization, and the epoch at which the first dressing should be removed—epoch that I fix at the second or third day.
4. At the moment that vascular adhesions are formed, the epidermis separates, the dermis inflames, softens, disintegrates, loses its physiological properties, and becomes a true pathological tissue, having some resemblance to cicatricial tissue, but without the retractility. Microscopical examination indeed shows destruction of the glandular system.

5. Adhesion, in my fourteen experiments, only took place five times, and four times the result was doubtful.

6. Two attempts with the tongue of an ox were negative, on account of the condition of the wound or nature of the dressing.

These researches, although extremely incomplete, will induce, I hope, physiologists and surgeons to have recourse to the mucous membrane of an animal; but I think that, in order to prevent reabsorption, it would be best to borrow as much as possible from an animal approaching the size of a man.—*Archives of Scient. and Pract. Med.*

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Editorial.

Popular Lectures upon Medical Subjects.

We hereby acknowledge with many thanks invitation and cards of admission to Lectures which the following correspondence explains: If it is the beginning of an effort to educate the masses upon Medical Subjects, thus in some degree protecting from quackery and imposition, we think every well wisher of the race will take great interest in it. At present, even the better informed in general matters, are too profoundly ignorant of medical subjects to judge safely. It is not saying too much to affirm that in the United States with its popular system of education and general intelligence the people are too ignorant of Medicine and Hygiene to be safely intrusted with the care of themselves when suffering from disease. It is to be hoped that a better day is dawning for truth, and a worse one for falsehood and imposition.

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NEW YORK, March 23d, 1878.

PROFESSOR R. OGDEN DOREMUS, M. D.

Sir:

Knowing that there is need of more accurate information, in the community, and in the country at large, on the subject of ANÆSTHESIA, we would respectfully request you to give us a Lecture, on the HISTORY AND PROPERTIES OF ANÆSTHETIC AGENTS, at such time and place as may suit your convenience.

We are your obedient servants,

WM. F. HAVEMEYER, F. H. HAMILTON, M. D., C. R. AGNEW, M. D.
J. MARION SIMS, M. D., FORDYCE BARKER, M. D., PETER COOPER,
and a long list of well known citizens.

PROFESSOR DOREMUS' REPLY.

"BELLEVUE HOSPITAL MEDICAL COLLEGE,"

April 21st, 1878.

HIS HONOR MAYOR HAVEMEYER AND OTHERS:

Gentlemen:

I feel highly honored with your polite request to lecture on the History and Properties of the Agents Employed to Produce Insensibility to Pain.

To accomplish your wishes more effectively I have ventured to solicit, and have obtained, the co-operation of Dr. J. MARION SIMS and Prof. FRANK H. HAMILTON, M. D., in presenting the *Historical* and *Surgical* department of this theme, limiting myself to the *Chemistry* of Anæsthetics.

At our invitation the Rev. HENRY WARD BEECHER has cheerfully consented to lend his valuable assistance on the occasion.

We have selected "Steinway Hall," on Wednesday Evening, May 21st, at 8 o'clock.

Trusting that the liberty I have taken may meet your approval,

I have the honor to remain,

Your obedient servant,

R. OGDEN DOREMUS.

ORDER OF EXERCISES.

ORGAN VOLUNTARY.

HISTORY OF ANÆSTHESIA, Dr. J. MARION SIMS.
CHEMISTRY OF ANÆSTHETICS, Prof. R. OGDEN DOREMUS, M. D.
with Experiments.

PRACTICAL APPLICATION OF ANÆSTHETICS IN SURGERY.

Professor FRANK H. HAMILTON, M. D.

Address by Rev. HENRY WARD BEECHER.

ORGANIST, Mr. CHARLES WALTER,

Mayor HAVEMEYER will preside.

For this occasion Mr. WILLIAM STEINWAY has kindly tendered the use of STEINWAY HALL, Wednesday Evening, May 21st, 1873, at 8 o'clock.

Stevens Triennial Prize.

The Stevens Triennial Prize for 1873 has been awarded to an Essay on "The Sphygmograph; its Physiological and Pathological Indications," by Edgar Holden, M. D., of Newark, N. J. The questions proposed for the next prize (1876) are as follows:

I. "The History of Epidemic Diseases in the United States, from 1860 to 1870;" statements as to localities, dates, extent of prevalence, and mortality, to be authenticated by appropriate references. The question of *treatment* is not to form a part of the above subject.

II. "The use of the Spectroscope in its application to Scientific and Practical Medicine."

The competing essays on either of the above subjects must be sent in to the President of the College of Physicians and Surgeons, New York, on or before the first day of January, 1876. Each essay must be designated by a device or motto, must be accompanied by a sealed envelope, bearing the same device or motto and containing the name and address of the author. The envelope belonging to the successful essay will be opened, and the name of the author announced, at the Annual commencement of the College, in March, 1876.

This Prize, which will amount to two hundred dollars is open for universal competition. Per order of the Prize Committee. J. C. DALTON, M. D

OBITUARY NOTICE.—We have the sad duty of announcing the death of Dr. D. V. Stranahan, of Warren, Pa., at his home on the 19th of May. We await further particulars.

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Toner Lectures.

A series of lectures has been instituted at Washington under the "Toner Fund to encourage the discovery of new truths for the advancement of Medicine." The trustees of the fund are the following distinguished gentlemen.

JOSEPH HENRY, L. L. D., Secretary Smithsonian Institution.

JOSEPH K. BARNES, M. D., Surgeon General, U. S. A.

J. C. PALMER, M. D., Surgeon General, U. S. N.

JAMES E. MORGAN, M. D., President Medical Society, D. C.

J. M. TONER, M. D., President American Medical Association.

The first lecture of this course was delivered at Washington, by Dr. J. J. Woodward, U. S. A., March 28th, upon the subject of "The Structure of Cancerous Tumors, and the manner in which adjacent parts are invaded." The lecture was illustrated by some seventy photographic screen illustrations and was successful. The second of the course was given by Dr. C. E. Brown-Sequard, his subject being "Nervous Force; the extent, variety, and power of its manifestations." The *Philadelphia Reporter* gives the following abstract of his lecture:

He said that in fact all disturbances of the human system were attributable to nervous influences. Even itch and other diseases of the skin could be traced to this same course, and the medical profession would never be able to treat diseases with anything like intelligence until this was fully understood. Epilepsy is always produced by the irritation of some peculiar nerve, and to be cured that nerve must be found and the cure reached through that. Physicians made many mistakes in attributing diseases to causes that had nothing to do with the matter. For instance, bed-sores, which were considered by medical men to be caused by pressure and the irritation produced by the excrement, were solely due to nervine influences. This he had proved by experiments on animals, and again many diseases of the limbs and joints which commonly were attributed to some local cause, were to be traced to the base of the brain. This he had proved beyond the peradventure of a doubt by experimenting on animals. He had known the knee joint to swell to three times its size in a single night from a disease of the spinal cord. The same was true in many of the lung diseases. Amputation of the limbs will produce an atrophy of medulla oblongata, by cutting off so much of the nervine nutrition. The nervous irritation would affect different people in different ways; for instance, one thousand people might come out of a hot crowded theatre into a cold storm, nine hundred of them escape injury, but of the one hundred injured, no two would be affected alike, but all would be affected through the same channel, the nerves of the skin.

Items in Brief.

—The Vienna mixture for anæsthesia contains four parts by measure of ether to one of chloroform. These mixed anæsthetics have been more or less in use since 1849, but were early said by Snow, who was a thorough experimenter in anæsthesia, to be most objectionable. He stated that ether evaporates in one-sixth the time that chloroform does and consequently when the most caution in the administration is desired, chloroform alone is the acting anæsthetic. Dr. T. Spencer Wells has lately reiterated this assertion. It is irregular, slow, and disagreeable in its action, and though it has been very extensively used with good results it has been followed by fatal effect.—Dr. D. W. Yandell, in the *American Practitioner*, has given account of five cases of tertiary syphilis treated with bromide of quinine in doses of from three to five grains, three times daily.—Carbazotate of ammonium is a new article recommended in intermittent fever by Dr. Dujardin-Beaumetz, who says its action is analogous to that of sulphate of quinia.

—Pasteur, in a new series of experiments upon fermentation, claims that pure grape juice when exposed to the air or oxygen never alone ferments but requires the particles of dust, germs or woody fibre of the fruit or vine, to induce the alcoholic change. He states that there are two classes of organisms in nature, those which live upon oxygen free or combined, and those which are germs of ferment which require oxygen derived from a compound like carbonic acid and to which free oxygen or that otherwise combined, acts as a poison. Fruits ripen in the air when picked, without fermentation, but enclosed in an atmosphere of carbonic acid completely loses its vitality and undergoes perfect alcoholic fermentation.

—The new method in photography, called gelatine process, by which photograph printing is rendered independent of the sun's direct assistance—a thousand copies being struck off by the use of ordinary printer's ink in the time occupied in executing a few dozen by means of sun-printing—has proved a wonderful success, and bids fair to supersede lithography and in many cases steel engraving. This improved process has just been brought to a state of great perfection by M. Albert, of Munich, Bavaria, who has made it possible to print several thousand impressions from the same plate, and at a comparatively small cost. A description of this method, in its various chemical and mechanical details, would occupy much space. Suffice it to say that, by means of it pictures from the cheaply produced gelatine plates can be printed at a cost not exceeding that of an ordinary lithograph. In printing, a common lithographic press is used, and the operation is the same as in the production of lithographs; indeed, the pictures combine the qualities of the lithograph with the delicacy of the steel engraving and the accuracy of the photographer.—*Am. Newspaper Reporter*.

—Claude Bernard is still prosecuting his studies on the subject of the formation and disposition of sugar. He has recently shown to the Society of

Biology that when sugar is injected into the veins it is not at all absorbed, but is hurried out of the economy in the urine; but when it is carried into alimentary canal it is changed by a ferment present in the small intestine, taken up by the liver and fixed as glycogen.—*The Clinic*.—Dr. Dills, of Carlisle, Ky., (*The Clinic*, March 29th,) was called to attend a colored girl in labor, aged eleven years and nine months, and found a vertex presentation, first position; the pelvis was large and roomy, labor progressed rapidly, and a living child weighing nine and a half pounds was the result. The girl had never menstruated. Lobstein and Canes each relates a case in which menstruation commenced in and continued regularly after the second year of age; in one of these cases the girl conceived in her eighth year.—*Med. Record*.

--The Pennsylvania Legislature has lately given one hundred thousand dollars to the Jefferson Medical College of Philadelphia, as a contribution to the fund for building a college hospital.—Philadelphia has 699 regular physicians of which 50 are on the retired list, and has a population of 874,022.—The Boylston medical prizes have been awarded to T. M. Ratch for essay on "The Emigration of the White Corpuscle in Inflammation," and to Walter Ela for essay on "Fractures of the Elbow-joint."—Drs. Fordyce Barker and T. Gallard Thomas, of New York, were elected honorary members of the Obstetrical Society of London, at a late meeting.—Dr. Chas. P. Russell, Registrar of Records in the New York City Health Department, states that since March 10th, 1871, when John Thomas Rosenville was hung, 104 homicides been committed in that city; of which only one, Wm. Foster, March 22d, 1873, was executed.—New Haven is attempting to raise a fund of \$30,000 to establish a training-school for nurses at the Connecticut State Hospital in that city. Success to so worthy an object.—*Reporter*.—A movement is being made to erect a statue to the celebrated Italian anatomist, Bartholomew Eustachius, by the people of his native place, San Severino.—A Massachusetts man lately sold seventy-three dozen patent medicine bottles, all of which had been emptied in his own family. —Mr. John Hopkins, of Baltimore, recently deeded to trustees thirteen acres of land in that city for the relief of indigent sick and orphans. At a meeting of the board of trustees March 11th, they were notified by Mr. Hopkins that he had further dedicated \$2,000,000 of property for the support and maintenance of the hospital. The hospital buildings will be on a magnificent scale and their erection will be begun in the spring of 1874.—*The Clinic*.—The death of Hugh L. Hodge, M. D., L. L. D., of Philadelphia, for thirty years professor of Obstetrics in the University of Pennsylvania, occurred February 26th. He was the author of "Hodge's System of Obstetrics" and "Diseases Peculiar to Women," and was widely known at home and abroad. He was in active work till just before his death.—Baron Justus Von Liebig, died at Munich, on Friday, April 13th, in the seventy-first year of his age.—The death of Baker Brown, F. R. C. S., has lately been announced.

Books Reviewed.

Civil Malpractice. A Report presented to the Military Tract Medical Society at its Fifteenth Semi-annual Meeting, June 14th, 1873. By M. A. McClelland, M. D. Chicago: W. B. Keen, Cooke & Co., 1873. 800 pp. Price \$2 00.

Dr. McClelland's Report is full of interest, and considers a subject which is of much importance, especially to those who are engaged in an active surgical practice. The question as to what may be held to be malpractice by the courts is of no inconsiderable interest to all who are subject to these troublesome and vexatious suits.

The term civil malpractice is construed to mean "an improper discharge of professional duty, either through want of skill or through negligence." "Thus, the improper performance of work requiring skill and knowledge, in any profession or business, would be designated 'malpractice,' and laws bearing upon it would be the same." As one of the reasons why more is expected from physicians and surgeons than from others the author gives the following: "In respect to surgical cases that are investigated in our courts, how frequently we hear surgeons—experts—boasting of the cures they have effected in similar cases; no shortening, no deformity, in their experience; leading the courts, leading juries, leading every one within the sound of their voice to suppose that perfect cures were and should be the rule, and imperfect cures the exception."

That this is often the case there can be no doubt in the minds of those who have witnessed the proceedings in cases of malpractice. Physicians, either through carelessness, or a desire to magnify themselves and their cases, before court and jury, seem to forget the fact that all are at times liable to failure, and that the peculiar characteristics of the patient, and the circumstances of time and place are to be all taken into consideration in judging of any particular case. No one case can be set up as a standard by which to judge others. The law however seems to be with the physician, and no surgeon, if he has acted in accordance with his best knowledge and skill, need fear to have his acts investigated if, and here comes the turning point of most suits for malpractice, he can get a jury who will not allow their feelings to influence their decision. The defendant in a case of malpractice may be, for instance, possessed of sufficient means to tempt the cupidity of some dissatisfied patient, together with some shyster of a lawyer, plenty of whom, we are sorry to say, can be found to prosecute a case on promise of half the spoils. These make up a case, which they carry before the jury with a piteous plea concerning the patient's poverty, the cruelty and negligence with which he has been treated, and the

immense wealth of the defendant, which renders him abundantly able to pay the damages claimed. The case is tried, witnesses on both sides show that the case has been treated with proper care and diligence. The Judge's charge is fair and impartial, and yet in not a few cases the physician is surprised by a verdict against him. Some member of the jury even having the boldness afterward to admit to the doctor that the case was treated all right, yet that they thought that he was able to pay the poor fellow something, and as he seemed sick or disabled they rendered their verdict in his favor. We are not over-coloring the picture, and could, did we think proper, give illustrative cases. Juries can and have been found who, in direct violation of their oath, will bring in a verdict to suit themselves; witness the confession of the jury in the Stokes case.

Dr. McClelland quotes from many different sources decisions of the courts in cases of malpractice, which show that the courts are not inclined to deal at all harshly with medical men, but to allow them all the law will permit in their several cases. Many of the decisions quoted are very interesting and we should be happy to place them before our readers, but can only recommend them to read Dr. McClelland's work. It is highly instructive and interesting.

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Notices of New Publications.

The Obstetrical Journal of Great Britain and Ireland is the title of a new monthly reprint, of which the first number was issued in April. Its English editors are Drs. James H. Aveling and Alfred Wiltshire, who are supported by a large corps of prominent British obstetricians and surgeons. It is published in Philadelphia by Henry C. Lea, with an American supplement edited by William F. Jenks, M. D. The present number contains seventy-two pages with sixteen pages additional in the American part. It is furnished at five dollars per year, is printed in the best style and will be a welcome and desirable addition to the literature of the department. It contains interesting articles by Dr. Barnes and other well-known writers.—*The Sanitarian*, a monthly journal of ninety-six pages, commenced in May, is edited by Dr. A. N. Bell, of Brooklyn, and published by A. S. Barnes & Co., New York. Its purpose is to present the results of the various inquiries which have been and which may hereafter be made for the preservation of health and the expectations of human life, as to make them most advantageous to the public and the medical profession. The present number contains very interesting and valuable articles by Moreau Morris, M. D., Jerome Walker, M. D., J. M. Toner, M. D., M. D., by the editor, Dr. Bell, who has heretofore furnished articles for our own pages, and by William A. Hammond, M. D., on the Sanitary Influence of Light, an extract from which our readers will find elsewhere in the

JOURNAL. It is published at three dollars a year, in advance, and will be subscribed for by all who take special interest in this department.—The *Charleston Medical Journal and Review* is a quarterly journal of eighty-eight pages, commenced in April, under the editorship of E. Peyre Porcher, M. D., Professor of Clinical Medicine in the Medical College at Charleston, S. C., and by R. A. Kinlock, M. D., Professor of Surgery in the same institution. It is the revival of the old *Charleston Medical Journal* under promising auspices; its first issue has a good number of interesting original articles, and no doubt the publication will meet with extended favor which it really deserves.—The *Herald of Health*, published by Wood & Holbrook, of New York, has published its June number, which contains a great number of interesting articles on popular subjects. Each number contains forty pages, and the publication is furnished for the low price of \$1 50 per year.

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Books and Pamphlets Received.

A Treatise on the Principles and Practice of Medicine. By Austin Flint, M. D., Professor of the Principles and Practice of Medicine and of Clinical Medicine in the Bellevue Hospital Medical College. Fourth edition; carefully revised. Philadelphia: Henry C. Lea. Buffalo: T. Butler & Son.

Text Book of Physiology, General, Special and Practical. By John Hughes Bennett, M. D., F. R. S. E., Professor of the Institutes of Medicine or Physiology, and Senior Professor of Clinical Medicine in the University of Edinburgh, etc. With twenty-one Photo-lithographic plates. Philadelphia: J. B. Lippincott & Co. Buffalo: H. H. Otis.

The Passions in their Relations to Health and Diseases. Translated from the French by Dr. X. Bourgeois, Laureate of the Academy of Medicine of Paris, etc. By Howard F. Dawson, A. M., M. D. Boston: James Campbell. 16mo., pp. 201.

Family Thermometry; a Manual of Thermometry for Mothers, Nurses, Hospitals, etc. By Edward Seguin, M. D. New York: G. P. Putnam & Sons. 1873. 12mo. pp. 72.

The Function of the Eustachian Tube, in its Relation to the Renewal and Density of the Air in the Tympanic Cavity and to the Concavity of the Membrana Tympani. By Thomas F. Rumbold, M. D., St. Louis.

On Strictures of the Urethra. Results of Operation with the Dilating Urethrotome, with cases. By F. N. Otis, M. D., Clinical Professor of Genito-urinary Diseases, College of Physicians and Surgeons, New York. Reprinted from the N. Y. Medical Journal, March, 1873.

Mayor's Message and Report of Board of Improvements of the City of Toledo, 1873.

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Original Communications.

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ART. I.—*A Case of Absence of the Uterus and consequent Amenorrhæa, with Maltreatment of the patient.* By ALFRED T. LIVINGSTON, M. D.

For permission to publish the history of the following case, I am indebted to Prof. JAMES P. WHITE, under whose charge the case came, and through whose kindness I had repeated opportunities for its observation.

The case possesses sufficient interest as an anomaly to warrant its publication, and taken in connection with its practical relation to the diagnosis and treatment of Amenorrhœa, it is doubly interesting and important.

Mrs. B. is now thirty years of age and has been married six years.

While contemplating marriage, a few months previous to that event, *having never menstruated*, she consulted a doctor in reference to this fact.

This person, Dr. V. S. examined her *simply per vaginam*, and informed her that she had occlusion of that organ. He proceeded, at once to operate for the relief of her trouble, by making an incision, through what he supposed no doubt, to be the occluding membrane—an imperforate hymen.

He assured her that she possessed the organs of her sex in completeness; and the hemorrhage, that occurred after the incision, was stated to be the retained catamenia.

On the assurance of the doctor, that she was a perfect woman, she married, six months after the operation.

During the six months intervening between the operation and her marriage, the patient observed that in micturition, all the urine did not come from the normal outlet of the urethra, but that a portion came down the vagina.

The urine did not flow from this new channel except when she urinated voluntarily, so that this urethro-vaginal fistula, for such it must have been, did not give her especial trouble or discomfort.

Soon after marriage, however, she began to have non-retention of urine. She was then obliged to wear constantly a sponge, napkin, or other appliance for the purpose of catching the dribbling urine, While about upon her feet the urine flowed away as fast as secreted, but when lying down it was retained for a time only to gush forth, *en masse*, on the instant of rising.

Now, this change in symptoms, following marriage, can only be accounted for by supposing that the introduction of the male organ, either extended the fistulous opening, which the doctor had made through the urethro-vaginal wall, so that it involved the vesico-vaginal wall, thus becoming a urethro-vesico-vaginal fistula; or, more gradually, dilated both the fistula and the portion of urethra between the fistula and base of the bladder; and so largely and thoroughly dilated them, that, with the more or less frequent sexual intercourse ever since, they have not been allowed to contract. It is difficult to say precisely, which of these two things occurred; and it is of no consequence except, that if the latter supposition be correct, the patient will more probably, in fact, almost certainly regain complete control over the sphincter vesicæ,—in other words—perfect retention of urine, when time and cessation from the act of coition will have allowed the upper portion of the urethra to contract.

The complete incontinence of urine, following marriage, continued, with all its distressing symptoms and accompaniments, until a recent date.

Desirous, as she well might be, of relief, Mrs. B. about a year ago, consulted another physician, Dr. P., of Michigan.

Upon examination he informed her, that, in consequence of its

continued idleness, the urine having, for so long a time passed through an abnormal channel, *the urethra had closed*; its walls, being in contact, had grown together.

Now, besides the great improbability of such an occurrence, there is very good evidence that it did not take place, as we shall presently see.

But Doctor P. thought it best to open (?) the natural passage, before attempting to close the false one; and this he did, it appears, by dividing with an incision the portion of the urethro-vaginal wall that yet remained, viz.: from the orifice of the urethra back to the fistulous opening.

Greatly dissatisfied with *this one*, Mrs. B. did not allow the Dr. to make his proposed *second* operation; but selected Dr. WHITE as the one to whom she would look for relief from the condition that rendered her life so miserable.

She accordingly came to Buffalo in October, 1872, and was then operated on by Dr. White, assisted by Drs. Rochester, Potter, and myself.

The patient was a fair and delicate person of slight build and medium stature, possessing the mammæ well developed, and the external genitalia perfect. The vagina, however, was a mere *cul de sac*, little more than an inch in length. Proper examination discovered, also, the presence of the ovaries and the *entire absence* of the *uterus*.

The urethra and vagina, as far as to the summit of the latter, had been converted into a single tube, by the incisions through the intervening wall, made as above described.

This urethro-vagina was connected with the interior of the bladder by a large but short canal, which was either the neck of the bladder, or the vesical end of the urethra, greatly dilated as before suggested.

A deep groove, smooth and lined with mucus membrane, occupying the anterior wall of the common canal just mentioned, was the remains of the urethra and the smoothness and gloss of its surface, indicated clearly enough, that the urethra had never been *closed*, as Dr. P. asserted.

The operation by Dr. WHITE was made, by carefully paring the

edges of this divided urethro-vaginal wall and bringing the freshly cut surfaces together, by means of seven or eight interrupted silver sutures.

A portion of the surfaces failed to unite on account of pressure, made by the catheter used in the after-treatment, against the lips of the wound. It was made necessary by this, to repeat the operation, in part, which was done some three weeks subsequently.

The most important lesson we learn from the history of this unfortunate person, is the care that should be exercised in determining the *cause* of Amenorrhœa before resorting to treatment. *Occlusion* of the vagina should be distinguished from *absence* of the vagina, or the uterus, or the ovaries.

Had Dr. V. S., (it is due to the profession to say, that he is a Quack,) properly examined his patient, it would have been an easy matter to explain the absence of menstruation and it would likewise have saved her many years of no little suffering, which his treatment (!) induced; not to speak of the embarrassing and unhappy position, in which his untrue decision has placed both the patient and her husband.

The position of the uterus being between the bladder, in front, and the rectum, behind, its presence or absence is readily determined.

If a sound or catheter be introduced into the bladder, it will be distinctly felt by the finger passed up the rectum,—*provided* the uterus be absent; and will not be so felt if present. Again, if the finger in the rectum plainly detects the other hand placed upon the hypogastrium, the absence of the uterus may be inferred; and, if to these tests be added that of examination per vaginam, with indications in each instance of the absence of the uterus, no doubt need be entertained of the certainty of that condition. The presence or otherwise of the ovaries may be concluded upon, by seeking for them with the finger of one hand well up in the vagina or, better, in the rectum, and the other hand placed over the right and left iliac regions respectively. In the patient we are considering, the absence of the uterus and the presence of the ovaries were determined upon only, after the examinations I have indicated.

The existence of ovaries of normal size, together with the perfect

development of the mammæ and external genitalia, referred to above, would lead us to suspect the occurrence of a menstrual molimen, and this we find to obtain. At regular intervals of about a month, a sufficient number of the symptoms of menstruation occur to indicate their character and cause, although no sanguinolent discharge takes place, for the obvious reason that there is no secreting surface; the menstrual hemorrhage, as is well known, taking place from the lining membrane of the body and fundus of the uterus.

Under these circumstances the existence of a vicarious hemorrhage would suggest itself as quite possible, but this has not been observed.

There exists, moreover, in this patient the venereal appetite and coition is attended with pleasure, although every introduction of the penis has been directly into the bladder.

This contact of a foreign body with the mucous membrane of the bladder very naturally induced cystitis, which became chronic. The purulent discharge that occurred was called Leucorrhœa and various astringent injections were used but without giving relief.

The bladder, owing to the perfectly free exit of the urine from its cavity, has become very firmly contracted and will but gradually return to its normal dilatibility.

The patient can now retain her urine quite well during two or three hours; and the prospect is good for her final perfect recovery.

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ART. II.—*Semi-Annual Meeting of the Erie County Medical Society, June 10, 1873.* Reported by D. E. CHACE, M. D., Secretary.

The semi-annual meeting of the Erie County Medical Society convened at the rooms of the Buffalo Medical Association in the Y. M. A. buildings at half-past ten o'clock Tuesday, June 10th. Dr. Jabez Allen, the President, upon taking the chair, made a few remarks upon the large attendance, and of the importance, especially to the younger members of the society, of these meetings.

The Secretary presented the diplomas of Drs. D. C. Hunter, John Dambach, Geo. W. McPherson, Joseph Fowler, Alfred T. Livingston, I. Brooks and Daniel A. Bailey, with their applica-

tions for membership, which were referred to a committee composed of Drs. T. M. Johnson, Shaw and Ring, who reported in favor of their admission to membership upon compliance with the by-laws.

Dr. J. F. MINER moved a suspension of the usual order of business to introduce Dr. Levi Ham, of Indiana, a former member of the society.

Dr. HAM being invited to address the members present, acknowledged the courtesy extended to him, and in a brief but pleasing effort, recalled the names of those who some twenty years since were the active leading spirits of the medical profession, men whose names he would mention only to stimulate those who have succeeded them to the practice of a noble profession with so marked degree of success, and whose lives were noted for their sincerity of purpose and disinterestedness, who had left behind them as monuments their honorable records engraven in the hearts of their numerous patients, and fully appreciated by the public. He was glad to see so many young men entering upon the practice of medicine, and their presence here to-day was an evidence of the interest felt by them towards their profession and its welfare.

A vote of thanks was tendered to Dr. Ham for his address.

Dr. E. R. BARNES was nominated by the committee as orator, and Dr. M. B. Folwell as alternate for the next annual meeting in January, 1874.

Dr. SAMO, the Librarian, read a letter from Dr. C. E. Brown-Sequard, tendering the society a copy of the "Archives of Scientific and Practical Medicine." The communication was received with thanks.

Dr. T. M. JOHNSON moved that a committee of three be appointed to arrange an amendment to the by-laws for the purpose of having monthly meetings of the Society, and also to try and procure a suitable room in this building to be used exclusively for medical purposes.

Dr. WM. GOULD, delegate to the State Medical Society, read the following report of the proceedings of that body at its annual meeting in February :

The undersigned, delegates from this society to the State

Medical Society, beg leave, respectfully, to report that we attended the session of the State Society, which met in the hall in the Perry Building, City of Albany, Feb. 4th, 1873.

At the usual hour President Agnew, of New York, called the meeting to order and delivered his inaugural address, after which the following committees were announced, viz. :

ON CREDENTIALS.—Drs. W. H. Craig, of Albany; A. L. Saunders, of Madison; and C. E. Rider, of Rochester.

BUSINESS COMMITTEE.—Drs. Ellsworth Elliott, New York; W. Kendall, Baldwinsville; G. H. Hubbard, Lansingburg.

COMMITTEE ON ARRANGEMENTS AND RECEPTIONS.—Drs. Quackenbush and Bailey, Albany; and Dr. H. Colvin, of Wayne County.

COMMITTEE ON MEDICAL ETHICS.—Dr. Thomas Hun, of Albany; Dr. E. R. Squibb, Brooklyn; and Dr. D. B. St. John Roosa, New York.

On motion a committee consisting of Drs. Fraser, of Oneida; Lewis Post, of Seneca; and Thompson Burton, of Montgomery, were appointed to invite the Governor and such members of the Legislature as belonged to the regular profession, to be present at the sessions of the Society. Whether there were any such members of the Legislature present we cannot say, but we are quite sure that the form of our venerable Governor was at no time visible in the hall.

Papers on the following subjects were presented, viz., "A case of Occlusion of the Femoral Artery from fracture of the femur, followed by mortification and amputation," by Dr. George Burr, of Binghampton. "Disease of the left Ovary, resulting in fatal Hæmorrhage," by Dr. E. H. Bridges, of Ogdensburg. "Obituary notice of Dr. Darius Clark," by Dr. B. F. Sherman, V. P. "On Hernia," by Dr. J. H. Pooley, of Yonkers. "The effect of Rail Road travel on the health of Women," by Dr. Eli Vanderwarker. "Idiopathic Peritonitis," by Dr. Lewi, of Albany. All of which was referred to the publishing committee.

Dr. D. B. St. John Roosa, of New York, read a paper entitled "History of the progress of Otology," which was discussed in a very able manner by Dr. Knapp, of New York, and then referred to the committee on publication. Dr. W. B. Alley, of Nunda, read

a paper on "The ultimate result of nerve injuries in gun shot wounds," which was discussed by several members. At this point the business committee made enquiry of the President as to what disposition was to be made of papers presented by invited members, and was instructed to cause them to be read if they deemed it expedient.

The following committee on the President's address was announced; Drs. Vanderpoel, Gray, and Krackowizer.

An interesting paper was then read on "Perineal Lithotomy," by Dr. J. W. S. Gouley, of New York.

The President announced the committee on nominations:

1st District, Dr. J. C. Hutchinson; 2nd District, Dr. J. F. Jenkins; 3d District, Dr. H. B. Whiton; 4th District, Dr. Alexander Ayres; 5th District, Dr. Alonzo Churchill; 6th District, Dr. William C. Wey; 7th District, Dr. Caleb Green; 8th District, Dr. H. W. Dean.

It will be borne in mind that this is a very important committee. It is their duty to nominate officers of the society for the ensuing year, consisting of a President, a Vice-President, a Secretary, and Treasurer. Three Censors for each of the four districts into which the State is divided; and also to select two candidates for each of the eight senatorial districts from those eligible for permanent membership. We say *for* each district instead of *from* for the reason that candidates are sometimes selected from other than their own districts, a circumstance which has led to some remonstrance from the slighted districts. Each district is entitled to two permanent members annually, and, gentlemen, if any of you should aspire to the honors of office or permanent membership, you must lay your pipe and do your log-rolling with this committee, as I believe their selections are always approved and their nominations confirmed by the society. We cannot say that we like the system for it enables a few master-spirits to control the whole matter, and that result is almost sure to follow the permanent location of any society, comprising a State jurisdiction as large as that of New York. But to return from this digression.

Dr. Thomas Addis Emmet read a paper on "Laceration of the Perineum, involving the Sphincter and Operation for securing union of the Muscle."

Dr. E. H. Parker read a paper on "Dislocation of the Tarsus from the Astragalus."

Dr. Moore, of Rochester, presented and read a paper on "Intra Capsular Fracture," with illustrations, on which a debate sprang up, participated in by Drs. Gurdon, Buck, Bell, Douglas and others. Several other papers were presented and referred without reading to the committee on publication. The report of the committee on changing the time of meeting of the society was taken from the table and discussed pro and con until the hour of adjournment. The above comprises the main points of the first days' proceedings.

Second day.—At 9 o'clock the President called the society to order. The minutes of yesterday's proceedings were read and adopted. The committee on By-Laws made a report, which was received. A paper on "Strictures of the Male Urethra, with results of Operation, with the Dilating Urethrotome," was read by Dr. F. W. Otis, of New York, and discussed by Drs. Gouley and Newman, of New York. At this point Dr. Roosa, of New York, rose to a question of privilege, denying or repudiating a statement made last year by Dr. Stephen Rogers. If we recollect, the statement charged certain of the New York Colleges with selling cheap Diplomas, which Dr. Roosa emphatically denied.

Dr. Elliott offered the following resolution :

Resolved that candidates, elected to permanent membership, who neglect to pay the fee, required by our By-Laws for one year from the date of their election, shall forfeit their rights as permanent members. *Adopted.*

Dr. A. N. Bell made a report on Quarantine Establishment in New York, and Dr. A. B. Burger presented a specimen of diseased kidney, with a history of the case. About half a paper on the Pathology of Labor Pains was read by Dr. W. T. Lusk, of New York, and the reason we did not hear the other half was that the time allowed by the business committee was not sufficient for the purpose, and the time not extended, a courtesy granted or denied as suited the temper of the society. Whether in this case the paper was not of sufficient interest or its author under a cloud we cannot say, but the reading was interrupted very unceremoniously when the ten minutes expired, notwithstanding the Doctor's apparent

discomfiture caused by the Autocrat, at the head of the business committee, calling "Time!" "Time." Those who have not been there may not be aware how the business of the society is managed by this "Business committee," and if you have the patience, perhaps we might as well explain it a little at this point.

Any one desiring to present a paper goes to the "Business committee, and if they approve it they allow so many minutes, five, ten or fifteen as they please, and call for its reading when it suits their convenience, and when the time allotted expires the reader subsides, whether half through or not, unless the time is extended by a vote of the society, a rule which may be right, but to a Neophyte it looks a little arbitrary to say the least.

Dr. Gurdon Buck, a veteran in the profession, next presented a case of reconstruction of the under lip, accompanied with models and explanations.

Dr. Lewis A. Sayre read a paper on "Diastasis of Head, of Femur, and formation of Artificial Hip joint," both of which were referred to the publishing committee.

Dr. Quackenbush, of Albany, read an interesting paper on "Hydrorrhœa," giving history of cases.

Next came the report of Dr. E. R. Squibb, one of the committee on Ethics, in regard to the difficulties in the Niagara County Medical Society. There were two sets of delegates from that county, each claiming to be the "Simon pure" representatives of the County Society.

As many present may not understand what the trouble is in that county, if not trespassing too much on your time and patience, we will explain it as well as we can.

The Medical Society of that county was organized some fifty years ago, more or less, and continued until the winter of 1873, when by a vote of the members present it was disbanded, and a new County Society at once organized, by which action about one-half of the former members were excluded on the ground of violations of the code of Ethics. Both parties keep up their organization and claim to be the true Medical Society. Two societies could not be recognized in the same county; hence the fight in the State Medical Society for recognition by the two sets of delegates. The

case was referred to the committee on Ethics, and their report was in favor of the new organization, which left the old fogies and advertising adventurers out in the cold, and just what the new organization intended to do from the first. Whatever justice there may be in the case, there are grave doubts as to the legality of their action. The excluded members retain the books and property of the original society and keep up their organization, but their delegates are rejected by the State Society. It may be that the end is not yet. We are inclined to believe that if the members, claiming to be the original organization, are guilty of the irregularities charged by the new, they deserved their fate.

After some routine business Dr. Kendall offered a resolution altering the By-Laws so that section eleven of paragraph three should read as follows, viz. :

At the Annual Meeting, at the close of the morning session of the first day, the members of the society shall be organized into eight committees by senatorial districts as established by the law of 1836; the members present from each district constituting one committee, each of which shall elect one member. The members thus elected with one appointed by the President as Chairman shall constitute the committee of nominations.

This was laid upon the table temporarily, and we think the bed was so hard that it died, for it has not been heard of since.

This proposition if adopted would in a measure curtail the power of the President to select his successor. As it now stands he selects the nominating committee, who not only name the officers but also censors and two permanent members from each of the eight districts. Their selection we suppose is always approved as a matter of course by the society; the victors rejoicing over their success, and the vanquished chewing the cud of disappointment and vexation in silence.

The resolution offered by Dr. Storck in relation to the act passed by the Assembly and Senate in 1872 and vetoed by Governor Hoffman, was after a short discussion laid quietly to sleep on the table, and as near as we could judge of the temper of the society it will not be disturbed in our day and generation. A great drawback to the prosperity of the society, from what we gleaned from the discussion,

is the time of meetings, first Tuesday in February, a time when Albany Hotels are full to overflowing and traveling from many portions of the State is both difficult and dangerous. To obviate these difficulties a resolution changing the time of meeting to the fourth Tuesday in September was offered, which led to a long discussion and to which many amendments were offered, but no satisfactory conclusion could be reached; the whole subject was laid upon the table, and so this much needed change ended in smoke, or perhaps more appropriately, in a huge volume of Gas. Following this, a number of papers on various subjects were presented, some of which were read and others not, all were referred to the publishing committee and in due time all or a portion only will be approved and published.

It appears from the report of the Censors that but one applicant received a Diploma during the year, and that was in the Eastern District. The proceedings of the second day closed with a reception given to the State Society by the Albany County Medical Society, which was not only a feast but a very pleasant social gathering.

Third day.—After the reading and adoption of the minutes, reports of committees and presentation of papers were resumed.

Dr. J. Marion Sims read a paper on "Enucleation and removal of an Intra Uterine Fibroid Tumor," and exhibited the instruments used in the operation.

Dr. J. N. Northrop, of Albany, presented a case of Congenital loss of the right arm. He claimed that the boy's arm was amputated in utero. His father was wounded in the corresponding arm, and he further claimed that the stump of the boy's arm showed the mark of a bullet wound or the imitation of one. His theory was demolished, fair as it looked at first sight, by Dr. Jacobi, of New York, who explained the phenomenon as a case of arrested development and that the bullet mark was only an undeveloped finger.

By resolution, the committee on Hygiene is hereafter to be recognized as one of the standing committees, and directed to place itself in immediate correspondence with the county societies. Also resolved that the standing committee on Hygiene consist of seven

members, one of whom shall be Dr. C. R. Agnew, the remainder of the committee to be appointed by the chair. The President appointed as standing committee on Hygiene the following; Drs. Bell, Vanderpoel, Didama, Dean, Ordrouaux, Smith and Agnew.

The nominating committee made the following report; for President, Dr. E. M. Moore, of Rochester. Vice President, Dr. Francis Burdick, of Johnstown. Secretary, Dr. W. H. Bailey, of Albany. Treasurer, Dr. C. H. Porter, of Albany.

For Censors, *Southern District*, Dr. E. R. Squibb, of Brooklyn; Dr. E. H. Parker, of Poughkeepsie; and Dr. Ellsworth Elliot, of New York.

Eastern District, Dr. John P. Sharer, of Hirkimer; Dr. J. L. Babcock, of Albany; Dr. G. H. Hubbard, of Lansingburg.

Middle District, Dr. M. M. Bagg, of Utica; Dr. Horace Lathrop, of Cooperstown; Dr. C. G. Bacon, of Fulton.

Western District, Dr. Caleb Green, of Homer; Dr. C. C. Wyckoff, of Buffalo; Dr. D. Colvin, of Clyde.

Permanent Members.

1st District—Dr. Robert Newman, Dr. J. Marion Sims.

2nd District—Dr. T. B. Smith, Dr. W. H. Helm.

3rd District—Dr. E. R. Hun, Dr. R. H. Ward.

4th District—Dr. John Parr, Dr. D. G. Dodge.

5th District—Dr. H. G. P. Spencer, Dr. W. L. Baldwin.

6th District—Dr. J. H. Dolson, Dr. William Fitch.

7th District—Dr. G. W. Earl, Dr. E. W. Simmons.

8th District—Dr. C. N. Palmer, Niagara County, Dr. J. R. Coates, Genesee County.

All of whom were unanimously elected as a matter of course, as it would require some nerve to oppose any of the gentlemen selected by the committee.

Dr. Jenkins offered a resolution, as a part of the report, that no one should be eligible for election to permanent membership until he had been a delegate for three years.

Dr. Squibb moved, as an amendment, that delegates should be present and serve for three years.

The amendment prevailed, and the resolution, as amended, was adopted. Hereafter the honors will have to be fairly earned by

three years of actual attendance, at an expense of about one hundred dollars and loss of time for the delegates from this county.

There being no further business the President, after a few remarks appropriate to the occasion, declared the annual session closed.

Speaking of the obituary notice of the death of Doctor Darius Clark, by Dr. Sherman, reminds us of one of the most touching incidents noticed in the proceedings, and that is the manner in which the memory of deceased members of the society are recorded in the proceedings, and thus placed in the archives of the society, will be handed down to future generations. It was also a noticeable fact that all the medical gentlemen present were simply doctors. Every gentleman addressed was plain "Dr. A, B or C." High sounding titles were entirely ignored, which is certainly an evidence of good taste.

In conclusion, let me say that the business of the society, in all its workings, might be changed from the ancient regime to one better adapted to the present age. In the first place it should be made a moveable body; secondly, the officers should be elected by a ballot cast by the delegates present, and the members should be allowed to present and read papers the same as in any other popular assembly; and last, though not least, the time of meeting should be changed from February to some less inclement season. It is to be hoped that all these changes will be made.

Respectfully submitted,

W. GOULD, }
JABEZ ALLEN, } Delegates.

Dr. SAMO announced to the Society that he had been tendered by Dr. Levi Ham, for the use of the Society, a copy of the "Medical and Surgical History of the late War," prepared under the direction of Surgeon-General Barnes. The gift was accepted with the thanks of the Society for the complimentary donation. The usual routine business matters were then transacted and the Society adjourned.

ART. III.—*Abstract of the Proceedings of the Buffalo Medical Association at Meeting held May 6th, 1873.*

The President, Dr. HAUENSTEIN, in the chair.

Members present: Drs. Strong, Cronyn, Briggs, Walsh, T. M. Johnson, L. F. Harvey.

The minutes of the last meeting were read and adopted.

Dr. F. E. L. Brecht was, upon a vote being taken, declared elected a member.

The President, Dr. HAUENSTEIN, on taken the chair expressed his surprise at being elected President of the Association, not being aware of any merits that entitled him to such distinction. He said there were a large number of members who had merits and who were better qualified than himself to perform the duties of the office. But since elected, he thanked the members for the honor they conferred upon him, and that he would, to the best of his ability, perform the duties of the office, hoping for their assistance and indulgence. This Association ought to be sustained. There is enough material to make the meetings interesting. We can do each other good and be an honor to the profession. The proceedings in past days have been interesting, and we should endeavor to keep up their reputation.

Dr. A. N. BRIGGS presented the petitions of Drs. U. C. Lynde, Geo. H. Patterson, and Alphonso Dagenais for membership.

Dr. STRONG—I would like to know the practice of the gentlemen present in post-partum hemorrhage. Have they ever adopted the method common in London and Dublin, namely, that of injecting the per-chloride of iron? And what are their views as to its usefulness?

Dr. Cronyn—Have not had a case of post-partum hemorrhage since the promulgation of this remedy. I found while abroad that it met with but little favor in England or Ireland. Dr. Smith lost a patient with its use. Dr. Barnes defends it and is the father of it; uses it as a *dernier resort* in solution, or diluted full strength. Not more than six or eight in London advocate its use. Dr. Barnes upholds it with great zeal. Dr. Playfair uses it with great caution. One or two country practitioners come to the aid of Dr.

Barnes. It is used in the hospitals but very little. Young Mr. Collins speaks of it, but it has not met with favor with him. For my own part I should hesitate to use it; have passed equally potent remedies into the cavity of the uterus, but had them under more control. Should hardly venture to use it, but might should wipe the cavity out with saturated solution on cotton, as Dr. Playfair does in uterine catarrh.

Dr. STRONG—My colleague, Prof. Johnson, was told in Dublin by Dr. Barnes that, failing to arrest hemorrhage with cold water injections, this method had been adopted—injecting one part of iron to four parts of water.

Dr. CRONYN—A namesake of mine at the Rotunda had tried it, but did not like it.

Dr. HAUENSTEIN—In regard to post-partum hemorrhage, I would say that some women are subject to it; with them, in nearly all confinements, it occurs. There are certain signs or peculiarities in the pains that accomplish the delivery of the child, the characteristics of which if we notice them would lead us to look for hemorrhage. A labor proceeding regularly, unattended with spasmodic efforts, is seldom followed by post-partum hemorrhage. When the pains are sudden, sharp, and spasmodic, such women are more apt to have hemorrhage. In such cases, a short time before birth of child, have given a full dose of ergot, and repeated it; have also given it to those whom I knew subject to it. Half an hour before the birth in such cases I give the ergot. I think it can be prevented in this way.

Dr. STRONG—Have doubts as to the propriety of using the iron; rely on ergot.

Dr. HAUENSTEIN—I use the ergot in nervous, excitable, spasmodic, irregular contractions. As regards injections of iron I would be one of the last to use them. It is a hazardous experiment. The flow being so copious, cannot see how the solution can come in contact with the parietes.

Dr. CRONYN—The President will probably recollect in speaking of the value of ergot in one of our meetings I spoke of the improvement there was in the combination with it of quinine. Ergot induces contraction of the circular fibres almost wholly; quinine

contracts the longitudinal. If the ergot acts only on the circular fibres, there may be internal hemorrhage, and ergot is valueless. The combination produces contraction of both circular and longitudinal fibres. The value of the combination is very great in post-partem hemorrhage.

Dr. STRONG—Am very much interested; would like to know if the Doctor would like to commit himself to the theory that ergot will not arrest post-partum hemorrhage; have found great difference as to the effects of medicine; have almost unlimited confidence in quinine; am an advocate of it in some diseases that are not accepted. I think the Doctor has not enough faith in ergot. In a vast majority of cases it produces contraction of both sets of fibres. I cannot account for the arrest of hemorrhage unless it does contract all the fibres. How can the doctor account for ergot arresting the hemorrhage unless contraction of both take place.

Dr. CRONYN—Don't know if I have not got myself into a physiological difficulty, but think I can get out of it. We administer ergot before the expulsion of the child if post-partem hemorrhage is anticipated. The hemorrhage is not then, but after the child is expelled. In all cases of hemorrhage stimulants are used; ice and other appliances are placed on the abdomen. The hand takes the place of my quinine, and the ergot contracts beyond question the circular fibres. (Some experimental proofs were here adduced of the action of ergot on the os, etc.) There are hundreds of cases in which ergot fails and the patients die. Does anyone suppose Dr. Barnes would propose iron if ergot does not fail; too frequently it fails, when he comes in to rescue the patient with his iron.

Dr. STRONG—I still do not see that the doctor answers the question that troubles. Post-partum hemorrhages are exceptional cases—not more than one in ten. We must take from them those that are controlled by common appliances—probably three-quarters of them; never have injected anything; never have lost a patient from that cause. I do not deny that ergot has power over the circular fibres, but that it is limited to them. Does the doctor concede that there is a lessened degree of hemorrhage when ergot is used?

Dr. CRONYN—I do not deny that it influences the longitudinal but almost exclusively it controls the circular fibres.

Dr. STRONG—If the universal effect of ergot is to lessen the flow in ordinary labor, how can we account for it but that it alters the condition of the uterus by longitudinal as well as by circular contraction?

Dr. CRONYN—After the use of the ergot the uterus is irregularly contracted, and is not smooth as when not taken.

Dr. BRIGGS—Will quinine act on the uterus as soon as ergot?

Dr. CRONYN—Quinine acts very soon, as may be seen when the patient has a temperature of 110. Quinine reduces it very soon to 100. Hence its action should be as ready in parturient women.

Dr. HAUNSTEIN—I would like to add another important remark—one that is sound. When the uterus has been expanded with twins or too much liquor, contraction is naturally slow. In such cases let the placenta remain longer than the usual time. Many make mistakes in removing the placenta. There being no hemorrhage, remove it as soon as possible. I was with a physician lately when hemorrhage followed too early removal of the placenta.

Dr. CRONYN—Dr. Strong says he never lost a patient with post-partum hemorrhage; so I too can say I never lost a case. After the child is born if the uterus is flaccid, gentle kneading thereof expels the placenta, which is a foreign substance, in my opinion after the child is born. I agree with Dr. Haunstein in regard to delay at certain times. If there be hemorrhage do not take it away quickly.

Dr. STRONG—What is the practice of physicians abroad in the use of the forceps?

Dr. CRONYN—They use them more frequently than we do, and the French even more than the Irish and English.

Prevailing Diseases—Measles, Diarrhœa, Influenza, Pneumonia, of a bronchial typhoid type, typhoid fever.

On motion, adjourned.

LEON F. HARVEY, Secretary.

ART. IV.—*Medical Society of the County of Albany. Semi-Annual Meeting June 10th.** Reported by F. C. CURTIS, M. D., Secretary.

The semi-annual meeting of the society was held on June 10th, at 3 P. M., in the Supervisor's room, City Hall.

Dr. VAN DERVEER, President, in the chair.

After the minutes of the last meeting had been read and approved, the President made the following remarks:

As our society increases in members, the number of those whom death take from us must necessarily become greater, and for the first half of our present year we have been called to mourn the loss of an unusual number. To-day I have to announce to you the death of Dr. John H. Becker, who died of inflammation of the lungs, June 1st, in the 45th year of his age. He had long been a member of the society, but from his location in the country, where he was engaged in a laborious practice, he never became an active member; seldom meeting with the society, and to many of the younger members was a comparative stranger. I would suggest that suitable resolutions be presented and adopted by the society.

As our semi-monthly meetings have ended, I desire at this time to make some acknowledgment for the prompt and efficient manner in which you have given support to these meetings.

We have held in all ten semi-monthly and two special meetings. These meetings have been uniformly well attended.

There have been presented seventeen regularly prepared papers, besides a good number of pathological specimens. Also two important discussions have occupied the attention of the Society.

In behalf of the officers I desire to render to you our heartfelt thanks for the generous support you have given us thus far to elevate our profession, and to place our society among the first and foremost in the State.

Dr. S. H. FREEMAN then said: Mr. President and gentlemen of the society—My earliest associations with Dr. Becker were of peculiar interest. He began the study of medicine in our office

* Owing to lack of space the report of the proceedings for May 28th was laid over until next month.

soon after I began the practice, and at an early period of my partnership with Dr. Armsby. He was a young man of promise, and the favored son of liberal and indulgent parents. When nearly prepared for graduation he, unadvisedly, went to California during the period of the gold excitement, with two older fellow students from our office who had just graduated—Dr. Tabor, of this city, and Dr. Steele—both of whom have since died. After an absence of about two years he returned and graduated, with credit to himself, and entered upon the practice of medicine in his native town of New Scotland, where he continued to reside until his death.

In his student life and in his early professional career I felt a deep interest, and was frequently gratified by repeated evidences of his professional skill and success. Of late years I have known but little of his personal history, but have understood that his tastes inclined him to partially relinquish his medical practice for the less arduous pursuits of agricultural life. As a tribute to his memory, and as an expression of our sympathy for his family, I offer the following resolutions:

Resolved, That we record our deep sorrow at the death of our professional brother, John H. Becker, so unexpectedly summoned into eternity, as he was just entering upon the meridian of life.

Resolved, That whilst we bow in submission to the Divine will in this afflictive dispensation, we find a new incentive to our own fidelity to God and to humanity.

Resolved, That we sincerely sympathize with the sorrowing family in their bereavement, and that we transmit a copy of these resolutions to them. Unanimously adopted.

Dr. JAMES S. BAILEY, chairman of the committee on publication, presented the report, which, after much discussion, in which Drs. Craig, Porter, Northrop, Swinburn, Quackenbush, and McNaughton took part, was, on motion of Dr. Craig, accepted, and referred back to the committee for further consideration.

Dr. JAMES P. BOYD, chairman of the board of censors, presented the following names for admission into the society: James N. Haines, Alma S. Allen, J. H. Blatner, James S. Hill, G. A. Jones, J. H. Hannan, James P. Boyd, Jr., J. Emerson Allen, of Scranton, Pa., Frank Garbutt and E. A. Green. On motion these

gentlemen were admitted to membership on compliance with the by-laws.

Dr. A. W. SHILAND, of West Troy, vice-president of the society, then delivered the following semi-annual address:

GENTLEMEN OF THE SOCIETY: In ancient times the theory and practice of medicine was mingled with the wildest absurdities. We learn from ancient mythology how Epimethius carelessly raised the lid from Pandora's box, and all the plagues that since affect our race came from that infernal source.

The incantations of necromancy were formerly considered the most powerful means of curing disease. The mysteries of astrology were invoked, and it was firmly believed that sidereal conjunctions, or planetary influences, determined the life or death of every human being.

But the delusions of ancient mythology and superstition have nearly passed away, and even the advocates of the late Hahneman system no longer shake their infinitesimal dilutions with the vain hope of increasing their potency, neither do they employ decimal ciphers to indicate the medicinal particle, too infinitely small for microscopical observation.

It is a common observation that there has of late years been great progress in every art that appertains to the elevation of humanity, and this, I may say, is especially true of the healing art. There is a common bond and relationship between the science of medicine and all the liberal arts. A thorough knowledge of medicine implies an acquaintance with every other department of science. It is our province to investigate the different departments of animate and inanimate nature. The elements of the material universe afford subjects for our most profound study. Their affinities and relations, so infinitely varied, must be well understood by the intelligent physician.

He must know also the laws that govern the mental, the vital principle that animates the physical world, that mysterious unity of body and mind which we are constantly endeavoring to maintain and harmonize in the humanity that peoples the earth. It should be our constant endeavor to elevate our profession and maintain the highest rank in the advancement of civilization. The

qualifications of a student of medicine are, for the most part, a matter of too little consideration. A good primary education is deemed most essential to the student of law or theology, and why should it be considered any less important to the student of medicine? Why should we be less faithless to our own calling? Why should young men be encouraged to enter our profession who have no fitness for it? Intelligence virtue and honor should constitute the passport to our profession. Second to no other avocation in importance, the profession and science of medicine will ever maintain the highest rank in every enlightened community.

The intelligent and honorable physician will supersede every unworthy pretender. The interests and welfare of humanity demand the highest educational attainments in those who practice the healing art.

The frequent convocations of this society are intended to promote this object, and create a sentiment in favor of the highest culture.

I would gladly improve every opportunity to meet my brothers in the profession here, and the generous consideration which you have shown me, will ever stimulate me to greater effort to prove myself worthy of your highest appreciation.

Whatever progress I may have made in the art of healing, I need hardly tell you I have sadly neglected the art of speaking, and I ask your kind indulgence while I attempt, on this occasion, to eulogize our most noble profession and exalt the sublime art we practice.

The healing art, the art divine, to give relief from pain; to soothe the dying or light the lamp of life that dimly burns; to give the bloom of health where pale disease has set its seal; to restore the bleeding body, torn or crushed by the many accidents of life, and while wrecked with mortal agony to soothe to oblivion with ethers balmy inspiration, no human art can this excel. Body and mind are bound by such mysterious, sympathetic ties, that none but those who know our art can tell the laws that rule the physical and mental being. With constant care we guard this mortal and immortal body and mind, mysterious brotherhood in strange communion joined, from youth to age, from birth to

dissolution. What nobler work! To heal the mind diseased; to restore lost reason; to cure the maniac fiend, and make him a noble, God-like man. Mind, mind alone, is life, and light, and power; the body dies, but not the soul that springs immortal there.

Our heavenly art makes these agree
And act in perfect harmony,
'Till soul has reached its destiny,
And flesh resolves to earth again.

Dr. FREEMAN moved a vote of thanks to Dr. Shiland for his address. Adopted.

Dr. JAMES S. BAILEY said that there were several names in the directory of members who had not paid their yearly dues, and offered a resolution.

Resolved, That any member of the Albany Medical Society who shall be in arrears for two years in paying his yearly dues is not entitled to suffrage in this society, nor shall he be hereafter reinstated unless back dues are paid, or without an unanimous vote of the society.

Resolved, That the Secretary obtain the names of such delinquents from the Treasurer and drop their names from the roll. Adopted.

The President then said:

I would announce the following names as composing the committee called for by Dr. James S. Bailey's resolution regarding the proposed entertainment to be given to Dr. Peter P. Staats: Drs. James S. Bailey, James McNaughton, P. V. Quackenbush, S. H. Freeman, John Swinburne, Levi Moore, F. C. Curtis.

Dr. J. M. BIGELOW then complimented the society on the success of their semi-monthly meetings, and offered the following resolution:

Resolved, That the thanks of the society are due to Drs. J. S. Bailey and F. Curtis for the reports they had made of the several proceedings and for having them inserted in the Philadelphia and Buffalo Medical Journals, and also to the press of this city for their kindness in noticing and reporting their meetings. Adopted.

On motion of Dr. Craig the meeting then adjourned.

Miscellaneous.

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The Treatment of Ulcers in Charity Hospital, N. Y.

We were present on one of the days which may be called a "field day" in the ulcer ward.

A general principle of treatment adopted in every case, with a single exception, that day, was that of strapping with adhesive plaster and using a firm roller bandage. Each ulcer was snugly strapped with either transverse or basket strapping, and the limb firmly bandaged.

The dressing for the ulcers was varied according to the requirements of each case, certain appearances indicating the use of certain applications. Some experience is requisite to recognize the exact condition requiring the use of a certain remedy which, if properly applied—applied in strict conformity to the indication—renders the general treatment much more satisfactory.

Examples of specific ulcers are somewhat numerous here. One was dressed with iodoform and glycerine (sat. sol.) before applying the straps. It required a little stimulating.

For all these cases of gangrenous and sloughing ulcers either a saturated solution of carbolic acid is used, or a solution of bromine, grs. xvi. to the ounce of water.

Traumatic ulcers generally receive the extra attention of scraping epidermal scales from the leg with a pocket-knife and spreading the surface of the ulcer. Since this has been practised, the ulcer has healed much more rapidly than before, with no different treatment otherwise. Over these scales was placed a dressing of balsam of Peru, and over this the straps and bandage as usual. Covering the surface of the ulcer with a coating of balsam of Peru is the ordinary method of dressing all ulcers that require no special application, and it is quite generally used in connection with the special application. For example, balsam of Peru and iodoform (in powder) act together better than either alone. One is soothing and the other stimulating, and the joint benefit received from the combination is much greater than that received from either alone. When ulcers are covered with exuberant granulation, the solid stick of nitrate of silver is applied, and over this the ordinary dressing.

Ulcers with thickened edges are reduced by freely cutting through the indurated mass in transverse incisions throughout the entire circumference of the ulcer.

The treatment of varicose ulcers forms no exception to the general rule.

A man who had both legs covered with ulcers, from half an inch to an inch in diameter, resulting from hard service and low

salt diet at sea, received the iodoform dressing, the ulcers being neither strapped nor bandaged.

An old man in bed with an ulcer involving about two-thirds of the circumference of his leg, which had been in an extremely sluggish condition, now exhibits a lively growth of healthy looking granulations all over its surface, which had been established within three or four days by the use of the following :

R Flour.....	3 iv.
Gum tragacanth.....	3 ss.
Gum arabic.....	3 j.
Egg. No.....	1.
Chalk.....	3 iij.

Make a paste by adding boiling water, and while fresh place it on the ulcer with a brush, four times a day. When the material scours it must be changed.

One great advantage derived from this general plan of treatment by strapping and bandaging is, that the patient can go about without detriment to the ulcer.—*Medical Record*.

—O:O—

Ovariectomy.

In the continuation of his paper on this subject, an abstract of of the first portion of which appeared in the April number of this journal, Dr. Sims report two cases in detail treated by drainage, the tube being inserted at the time of the operation and describes the different sort of drainage-tubes he has used experimentally.

In commenting on these cases he says : "Septicæmia under certain circumstances will kill just as easily in five or six hours, as under others in five or six days." He states as the result of his experience in the Franco-Prussian war, that the seven cases of wounds of the abdomen above the pelvis which he saw, all died, most of them within twenty-four hours, from septicæmia; but if the pelvic peritoneal cavity was opened by the projectile even although both the bladder and rectum were wounded, they recovered; for in these cases there was a direct outlet or drainage of the reddish or septic serum, which is always the cause of death when retained.

"Wounds of the abdomen, properly speaking, were universally fatal, because the septic fluids could not escape, but gravitating to the lower part of the cavity, were there retained and absorbed, thus producing death. Pleuritis was formerly occasionally fatal, but nowadays no one dies of it. It terminates sometimes by an abundant effusion that may kill by suffocation, and again in the exudation of a pyæmic fluid that kills by blood-poisoning. But in this enlightened day death never occurs in this way, because the effusions, whether benign or pyæmic, are promptly evacuated and life is saved. And so it will be in diseases and wounds of the

peritoneum. The time will assuredly arrive when peritonitis, so called, will not kill, because we will learn that the effusions in the peritoneal may be as safely evacuated as those of the pleural cavity; that the danger will consist not in opening the peritoneal cavity, but in keeping it closing with its retained fluids to poison the blood and take the life of the poor sufferer. The time will come when gunshot and other wounds of the abdomen, and perforations of the intestine, will be treated by opening the peritoneal cavity, and washing out or draining off the septic fluids that would otherwise poison the blood; for death in all these cases is produced by the same causes, in precisely the same way, and they will require the same plan of treatment."—*N. Y. Med. Journal*, April, 1873.—*The Obstetrical Journal*.

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The Treatment of Small Pox; Protective and Restorative.

By MELVILLE E. WEBB, M. D., in a Report on the late Epidemic in Boston.

The following is an extract from a report read before the Massachusetts Medical Society at its meeting June 3d; and taken from the *Boston Morning Journal*:

The number of cases reported during the time embraced in my report was 3,722; the number of deaths, 1,026, or a per cent. of 27.56. These figures are sufficiently large to show the severity of the epidemic, exceeding the percentage of either New York or Pennsylvania death rates. Its usual virulence is also shown by the large number of hæmorrhagic form or 7.58 per cent., all of which proved fatal. There was a still larger proportion among those not removed, but allowing the same per cent. for the whole number of cases, we have 282 deaths from this most fatal form of the disease. It occurred most frequently in vitiated constitutions, though that was not always the case. Male and female suffered equally. The middle-aged seemed more liable to this form than the old, while it has been very rare in children, in fleshy people rather than in those emaciated.

The remarkable activity of the poison was still farther attested by the unprecedented large number of recurrent cases, having personally witnessed thirty-eight cases who presented scars of former victories, three of whom had the disease twice within three months. Of those treated in the three hospitals in city limits, sixty per cent. were American born, fifteen per cent. from the British provinces, fifteen per cent. from Ireland, and ten per cent. from all other parts of the world, the death rate being about in the same proportion. The number of males treated was 538, the number of deaths 127—per cent. 23.60; number of females treated 180; number, of deaths 58—per cent. 18.82, showing a difference of 4.77 per cent! Nearly one-half those unvaccinated died; of those vaccinated 29.21 per cent. died; of those revaccinated the

death rate was 17.21 per cent. As showing the value of the vaccine scar, out of 413 treated in the hospitals, 53 died; out of 103 having two scars, eight died; out of 36 having three or four scars, none died; of those having five scars, two died.

Vaccination is the only preventive known, but has not proved an entire safeguard, as proved by the number of recurrent cases among those vaccinated in infancy. From the fact that those vaccinated and revaccinated have had the small pox, the conclusion must be arrived at that there are persons so susceptible to the influences of variola poison that no amount of vaccination, or previous attacks would prevent the disease if these persons were exposed to the contagion. As regards the scar, from many observations among patients, doctors and nurses, the conclusion is reached that vaccination may protect without any external evidence whatever. A scar is not a test of thoroughness or immunity. The protective power of animal over humanized virus is very much greater.

The treatment best calculated for the cure of the infection is to have a hospital located on high, dry and healthy land, with high, well-ventilated and properly warmed rooms, insuring comfort and happiness to the patients. A proper classification of the disease should be rendered practicable where the most delicate and sensitive can be so separated from the wards that they will not be continually shocked by scenes of suffering and death. Most of the patients are in the second stage, or that of eruption, on admission, and require little or no treatment except an opiate at night (as sleep is of great importance,) and some mild laxity to keep the bowels in soluble condition.

In the severer forms quinine has been given early and through every stage of the disease, thus keeping the temperature low and harboring strength for the superative stage. During the secondary fever quinine in large doses is given, milk punch, brandy, beef tea, and opiates, generally sulphate of morphine. Patients never have been without milk and have taken it at pleasure. Grapes, oranges, apples, etc., have been rationed out daily in all stages of the disease. In the hemorrhagic form the same course has been followed, with the addition of ergot, muriated tincture of iron, tannic acid and other astringents; but none of them have been of benefit.

Complications of the disease were treated upon general principles, never forgetting that the vital powers must be sustained. Ulcerations of the cornea were treated by frequent cleansing of the eyes, applying weak astringent lotions and keeping the pupils well dilated with atrophine. In the third stage it has been considered as a cry of debilitated nature, necessary to give milk-punch and beef tea. To prevent pitting, various methods have been tried. If the ulcerations extend deeply into the skin, nothing will prevent cicatrices remaining. Latterly the treatment was emollient applications and frequent sponging with tepid water.

The hospital solution to prevent itching was carbolic acid half a drachm, glycerine half an ounce, with olive oil, mix and apply with a brush. The disinfectant used was carbolic acid, the best in destroying all odor. The wards were sprinkled with the solution; it was applied to the beds and bedding in a powder made by rubbing up the acid with magnesia. The earth and water closets were kept free of odor by lavish use of carbolic acid. Bromo-chloralum has the advantage of being nearly odorless, and in private rooms, where there was only one patient, answered every purpose; but in wards it is inferior to carbolic acid. Fumigation has been performed by burning sulphur and strongly saturating the beds and bedding with the fumes of sulphuric acid. The necessity of a good, permanent and well organized hospital, always at hand for an emergency, cannot be too strongly urged. A good hospital, maintained for five years, even at an expense of \$5,000 or \$10,000 a year would be economy. The past epidemic teaches the necessity of a competent Board of Health, unbiased by political tinkers or party influence.

—:o:—
The Process of Embalming.

The Brunetti process for the preservation of the dead has recently been published in *La France Medicale*, and it consists of several processes:—

1. The circulatory system is cleared thoroughly out by washing with cold water till it issues quite clear from the body. This may occupy two to five hours.
2. Alcohol is injected so as to abstract as much water as possible. This occupies about a quarter of an hour.
3. Ether is then injected to abstract the fatty matters. This occupies two to ten hours.
4. A strong solution of tannin is then injected. This occupies for imbibition two to ten hours.
5. The body is then dried in a current of warm air passed over heated chloride of calcium. This may occupy two to five hours.

The body is then perfectly preserved and resists decay. The Italians exhibit specimens which are as hard as stone and perfect in form.—*Phila. Reporter*.

—:o:—
Editorial.

The Influence of Instruction on Public Health.

We have often called attention to the fact that the public are in great need of more light on the subject of Sanitary Science.

The laws which govern the accumulation of wealth are given a prominent

position in the curriculum of our schools and colleges, while less attention is paid to the maintenance of the public health than is given to the languages and institutions of the antediluvians.

The popular mind is not prepared to receive instruction on purely medical topics, and this instruction would not be necessary for them if they were so prepared. What is needed by the populace is a knowledge of the sanitary and hygienic rules to be observed in the preservation of health.

It has been noticed by all observing minds that where general instruction was the most diffused, there the mortality was the least. Misery and squalor disappear before the onward march of popular education.

We do not know that this matter has been made the subject of statistical observations in any other country than France, and we present our readers with a brief resume of the facts derived from these observations taken from our valuable contemporary, *The Doctor*, (London):

"Even in 1858 Meher had demonstrated that those French departments in which instruction was diffused were in general those which presented the fewest deaths, and had found that the map of France, colored differently according to the amount of mortality, corresponded in the depth of its tint with that constructed by Dupin with respect to instruction. Dr. Mesnil undertook his researches by consulting the books of *recrutement* from 1841 to 1849, the number of deaths from 59 to 60, the proportion of exemptions from shortness of stature from 1837 to 1849, and from 1850 to 1859. He came to the following conclusion:

"1. The departments where the proportion of ignorant persons is greatest are also those where the mean of life is shortest and the stature the least. 2. Those departments in which instruction is most spread abroad (excepting the departments where there is the greatest agglomeration of persons) are the ones in which the mean of life is greatest and the stature most elevated. For instance, in the department of the Haute Marne, which occupies No. 5 on the instruction chart, there is a mean of life of 41.6, and a stature of 1.66 metres, whilst in the department of Finisterre, which is No. 82 on the instruction chart, the average of life is 29.2, and the mean height 1.62 metres.

"The departments where instruction is sparingly diffused present the greatest mortality, and those departments which occupy the first ten numbers on the educational chart have always been very healthy. The departments less educated present also the greater number of exemptions from military service. Thus Dordogne, which is 81 on the chart of instruction, has No. 88 on the map of military exemptions. The exemptions made from want of sufficient stature correspond also to the grade of instruction. Thus the department of Cotes du Nord has 82 as its number in the education map, and a like number on its map for military exemption for shortness of stature. The department of Sardes of the Haute Loire and Dordogne also have No. 81 in both of these points. The provinces which have the greatest diffusion of instruction are those which the greatest increase in numbers. Thus, according to Leroy-Beaulieu, in thirty years France (from 1836-66) had an annual mean of 0.44 increment in population. It is impossible to separate these three words: ignorance, misery, and mortality. That population which the school-master finds indifferent to the benefits of education, becomes through its ignorance rebellious to the application of new discoveries in arts and industry, and to the observance of hygienic rules."

It will thus be seen that in direct proportion to the amount of instruction received the mortality decreases and physical development is increased.

We are justly proud of our common school system in America, and its influence upon the masses is marked; but could not that influence be exerted with a greater degree of force if in our system of popular education some measure of attention was directed toward the care of the body and the mind.

In the expectation of an epidemic of cholera our people are aroused to the fact that the hygienic surroundings are in a sadly neglected condition, and our newspapers teem with directions for improving them. Our boards of health are soundly abused from all sides, and perhaps with some cause, for the bad condition of things; but their hands are virtually chained. With the present condition of public information on the subject of hygiene, were they to carry out to their full extent the improvements needed, their efforts would be met with a still greater storm of abuse, and the cry of excessive and useless taxation would be long and loud.

Until the public are educated up to a higher standard of information regarding the laws of health, we must despair of any attempt to improve the sanitary condition of our cities and towns. The day is, however, approaching, we feel confident, when the physician will be looked upon as the guardian of health as well as a minister to disease, when his duty shall be to teach the public how to preserve health as well as correct conditions of disease incurred by non-observance of the laws of nature.

As an evidence of this fact we are happy to notice the efforts put forth by the American Public Health Association to instruct the public how to guard against the approach of an epidemic of cholera. We hope their efforts will not cease here, but that through the medium of the press they will endeavor to diffuse that information which is so much needed regarding the care of the healthy as well as the deceased.

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Massachusetts Medical Society and the Homeopathsists.

The legal right of the Massachusetts Medical Society to expel members practising Homeopathy has been sustained by the courts, and at its last meeting, after giving a detail of the trial of charges against the Homeopathic practitioners, the secretary of the society said: "Mr. President, I move the acceptance of the records and report of the Board of Trial, and that the following vote be passed:

Voted. Upon the report of the Board of Trial for the trial of the charges against William Bushnell, Milton Fuller, Herman L. H. Hoffendahl, George Russell, Israel T. Talbot, David Thayer and Benjamin H. West—that the said William Bushnell, Milton Fuller, Herman L. H. Hoffendahl, George Russell, Israel T. Talbot, David Thayer and Benjamin H. West *be and are expelled* from the Massachusetts Medical Society." The vote was then passed with only one dissenting vote, and the result was welcomed with a round of applause.

Books Reviewed.

Handbook for the Physiological Laboratory. By E. Klein, M. D., J. Burdon-Sanderson, M. D., F. R. S.; Michaël Foster, M. A., M. D., F. R. S., and T. Lauder Brunton, M. D., D. Sc. Edited by J. Burdon-Sanderson. Two volumes with 353 illustrations. Vol. I., Text. Vol. II., Illustrations. Philadelphia: Lindsay & Blakiston, 1873.

Of the many books which have been lately brought to the notice of the profession we know of none which is more admirably calculated to fill the place designed for it than the one under consideration. The editor informs us that it is intended as a hand-book for beginners in physiological investigation. For this purpose it is better calculated to guide and instruct the student than is any single work with which we are acquainted. Written by men of acknowledged ability, in their several departments, it may not only serve as a guide to the student but will undoubtedly find a prominent position in the list of text books to which the more advanced and experienced may desire to refer.

The first part is from the pen of Dr. Klein, a writer whose knowledge and experience in Histology is undisputed. This section is devoted to histology, the subjects which are considered being: The blood, epithelium and endothelium, connective tissues, muscular tissues, tissues of the nervous system, the methods of preparation of compound tissues; the vascular system, the lymphatic system, organs of respiration and digestion, the skin, cutaneous glands, and genito-urinary apparatus; organs of special sense, embryology and in the form of an appendix a study of inflamed tissues. Embracing as this does the whole subject and being written in so plain and concise terms the reader can, with but little difficulty, follow the author in his laboratory practice and be enabled to achieve results which, without the plain, practical guidance of Dr. Klein, would be impossible to him.

Part Second, on Physiology, will not in the least detract from the interest in the work which section first may have excited. The first part of this section is by Dr. Burdon-Sanderson, and is devoted to a consideration of the blood, circulation, respiration and animal heat. The blood is treated of under the following heads: Liquor, sanguinis, conditions effecting coagulation of blood, coloring matter, and gasses of the blood; all of which are presented in plain and simple terms. The various methods of analysis which will give the most exact results are also dwelt upon in the concluding paragraphs of this chapter. The circulation of the blood, together with the instruments for making observations concerning it, is described in the sixteenth chapter. Respiration and animal heat are fully described in the following two chapters.

Part second of the section on Physiology, by Dr. Michael Foster, is a consideration of the functions of muscle and nerve. The different subjects embraced are each treated to sufficient length and in sufficiently clear terms; ample reference is made to the volume of illustrations, and the methods of experimental research are in precise and well selected language.

Dr. Lauder Brunton is the author of the remaining chapters on Physiology which treats of digestion and secretion. A larger number of experiments are given, particular attention being drawn to the more valuable and easily tried by an asterisk or dagger. Following this is an appendix giving practical notes on manipulation, which will add in a large measure to the value of the work. The volume of illustrations are well suited to explain the text, and although we do not like the idea of presenting them separate from the reading matter their general excellence forbids any fault being found.

Books and Pamphlets Received.

Report of Columbia Hospital for Women and Lying-in Asylum, Washington, D. C. By J. H. Tompison, A. M., M. D., Surgeon-in-Chief. With an appendix. Washington: Government Printing Office, 1873.

Contributions to Medical Science, from the Bureau of Medicine and Surgery, United States Navy. A report on the origin and therapeutic properties of Cundurango. By W. S. W. Ruschenberger, M. D., Medical Director U. S. N. Washington: Government Printing Office, 1873.

Mineral Springs of the United States and Canada, with analyses and notes of the prominent spas of Europe, and a list of sea-side resorts. By Geo. E. Walton, M. D. New York: D. Appleton & Co., 1873. Buffalo: Martin Taylor.

A Guide to Urinary Analysis, for the use of Physicians and students. By Henry G. Piffard, A. M., M. D. New York: Wm. Wood & Co., 1873. Buffalo: H. H. Otis.

Report of the Municipal Hospital, Philadelphia. (Comprising statistics of 2,373 cases of small pox.) By Wm. M. Welch, M. D., physician in charge.

Nævus. By J. H. Pooley, M. D., Yonkers, N. Y. Reprint from *New York Medical Journal*, June, 1873. New York: D. Appleton & Co.

Normal Ovanotomy. A paper read before the Georgia Medical Association. By Robert Battey, M. D.

Strictures of the Urethra. Results of operation with the dilating urethrotome with cases. By F. N. Otis, M. D. Reprint from *New York Medical Journal*, March, 1873. New York: D. Appleton & Co.



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